## **COUNTY GOVERNMENT OF KAKAMEGA**



#### **COUNTY PUBLIC SERVICE BOARD**

### APPLICATION FOR EMPLOYMENT FORM

Please complete this form in BLOCK letters as appropriate and submit to: -

The Secretary/CEO
County Public Service Board,
P. O Box 458-50100 Kakamega, Kenya, or apply online

Tel: 0713852573/ 0718754093 Email: cpsb@kakamega.go.ke

1. Vaca	incy Applied	For				
2. Pers	onal Details					
Name				Title		
Surname First Name		First Name	Other Names	(Pi	(Prof/Dr/Mr./Mrs./Ms./Rev)	
Date of	f Birth		Gender: Male	Female		
	(d	ld-mm-yyyy)				
Nation	ality		ID No/Passport No			
Addres	S		Postal Code			
Home (	County		Sub County	Ward		
Teleph	one		Mobile	Email Address		
Alterna	ative contact	person		Telephone		
living w f yes, ខ្	vith any Disa give	bility? Yes		No	Are you	
(i) (ii)		Details/Nature of DisabilityDetails of People with Disabilities (Reg. No and Date)				
()	Details of it	icossi ation with th	ic reactional council of fice	Pie With Disabilities (Ne.	b. 140 and Date/	

3. Applicants in the Public Service only							
Depar	tment:		Station	:			
Perso	nal/Empl	oyment No:	Preser	nt Substantive F	Post:		
Job gr	oup/Scal	e/Grade:	Date of Current Appo	ointment			
Upgra	ded post	(where applicable):	effective	date of previou	dd-mm-yyy) s appointment:	• •	
	Upgraded post (where applicable):effective date of previous appointment:						
Terms	of Service	ce: Permanent	t & Pensionable	Contract Othe	er, Please specify:		
Have you been cleared by the following agencies? (Tick where appropriate)    EACC							
S. ACa	deffile/ P	University/Colleg	al Qualifications (Start  Award/Attainment	Courses	Specialization/Subject	Class/Grade	
Year		e/ Institution/School	(e.g. Master's Degree, Diploma, Certificate)	(e.g. PhD, MSc, BA, O Level, KCSE)	e.g. Economics, Maths, Sociology etc.		
From	То						

#### **KAKCPSB 2B**

. Other Rel	evant Course	es and Training/ Registration	/ Membership to Pr	ofessional B	odies/ Institutio	on	
Year	Institution/College		Courses	Courses		Details	
Emplovm	ent Details (s	tarting with the most recent	.)				
		T					
Year (From -To) Monthly Salary (Kshs)		Employer's Name Terms of Service e.g. Contract, Casual, Permanent)	Position/Rank/De	signation	Job Group/Gro	OSS	
		, ,					
			_				
	vour current	t duties, responsibilities and	assignments 				
riefly state							
riefly state							
riefly state	your current						

# 8. Personal References

The names of distinguished persons should not be used unless they really know you. The names of members or staff of the County Public Service Board should also not be used.					
	uiso not be used.				
	Email*				
	Period for which he/ she has known you*				
·	,				
2. Full Name*					
Phone*	Email*				
Occupation*	Period for which he/ she has known you*				
·					
9. Declaration:					
I hereby certify to the best of my knowledge tha	at the particulars given on this form are correct and I understand				
that any incorrect information may lead to disqu	ualification/ legal action.				
Date					
(dd-mm-yyyy)	Signature of the Applicant				