

COUNTY ASSEMBLY OF KISUMU

KISUMU COUNTY ASSEMBLY SERVICE BOARD

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Chairman, Kisumu County Assembly Service Board, P.O.BOX 86, 40100 KISUMU, KENYA (**DOWNLOAD THE FORM, FILL AND ATTACH CERTIFIED COPIES OF CERTIFICATES AND TESTIMONIALS**).

1. Vacancy Applied For							
Vacancy/Post:			Vacancy No:				
2. Personal Details of the Applicant			Tolling Tolling				
Name:			Title				
(Surname)	First Name	Other Name(s):	(Prof/Dr/Mr/Mrs/Miss/Ms/Rev)				
Date of Birth(dd-mm-yyyy)	ID No:	PIN.NO	Gender : Male Female				
Nationality:	Ethnicity	Home County:					
Sub County	Sub County						
Postal Address:	Code:	Town/City	······································				
Telephone No:	Mobile No:	E-mail address:					
Name of alternative contact person:		Telephone No:					
Are you living with a disability? Yes	No						
If yes, give; (i) Details/Nature of Disability:							
(ii) Details of Registration with the National Council for People with Disabilities (Registration No. and date)							
3. Applicants in the Public Service only	7						
Ministry/State Department/County/Other Pu	ıblic Institutions:	St	ation:				
Personal/Employment No: Present Substantive Post:							
Job group/Scale/Grade:							
Upgraded post (where applicable):		effective date of previous appoint	ment:(dd-mm-yyyy)				
On Secondment (where applicable): Organis	sation:	Designation:	Job Group/Grade:				
Terms of Service: Permaner	nt& Pensionable Co	ontract Other, Please spec	ify:				
4. All other Applicants							
Current employer (where applicable):		Position held:					
Effective date:							

5. Other Personal Details								
Have you ever been convicted of any criminal offence or a subject of probation order? Yes No								
If Yes, state nature of offence, the year and duration of conviction								
Have you ev	ver been dism	issed or otherwise remove	d from em	ployment?	Yes No	o		
_		dismissal/removal					ective date	·
,	``							(dd-mm-yyyy)
	the above inf on its own me	f <mark>ormation will not nece</mark> ssa erit)	ırily debar	an applican	t from employment in the	County Assembly.	Each case	e will be
6 Academi	c Qualificat	tions. (Starting with th	e Highest	·)				
	- Quantical	avisi (otal mig min m		Attainment				
Year		University/ (e.g. Ma		course/Programme (e.g. PhD, MSc, BA,		Specialization (e. g Econ, M	aths,	Class/Grade
From	То	Ingii School	KCSE)		O'Level)	Sociology e.t.	c)	
FIOII	10							
7 Professio	onal/Techni	cal Qualifications/Cer	tifications	Relevant	to the post. (Starting v	with the Highest)		
Y	ear			Award/At		Specialization/Su (e. g Human Res		
From	From To Institution			Certificate) Engineering, C		Engineering, Cor e.t.c)		Class/Grade
					· · · · · ·			
8 Relevan	t Courses a	nd Training attended	Lasting n	ot Less tha	an One (1)Week			
Year	ar University/College/Institution				Name of Course Details and durate			and duration
		Chiversity/Conege/Institution				2 00020 0220 0200		
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9. Current Registration/Membership to Professional Bodies								
Professional	Body	Membership/Registration No.		Membership type (e.g. Associate, Full etc)		Date of Renewal	Ì	
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10. Employme	ent Deta	ails - w	here applicable (starting with the					
Ye	ear		Designation/ Position	/Scale Gross	Job Group/Grade /Scale Gross Monthly Salary (Ksh.)		stry/State Department/ tution/ Organization	ĺ
From (dd-mm-		To mm-		(22011)	,			Ī
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11. Briefly state	e your cu	ırrent du	tties, responsibilities and assignments (i	f any)				
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		••••••				••••••		
12. Please give details of your abilities, skills and experience which you consider relevant to the position applied for. This information may include an outline of your most recent achievements and your reasons for applying for this post.								
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13. Referees (people who have interacted with you p	professionally)	
1. Full Name:		
Occupation:		
Address:	Post Code:	City/Town:
Mobile No:	E-mail address:	
Period for which the referee has known you:		
2. Full Name:		
Occupation:		
Address:	Post Code:	City/Town:
Mobile No:	E-mail address:	
Period for which the referee has known you:		
14. Declaration		
I certify that the particulars given on this form are correct an and/or legal action.	d understand that any incorrect /mislea	ading information may lead to disqualification
Date:(dd-mm-yyyy)	Signature of the Applicant	