



**Office of the
Controller of Budget**
Budget Oversight for Transparency

OCOB RECRUITMENT APPLICATION FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Controller of Budget, **using the email address provided**. (Attach copies of certificates and testimonials as indicated in each case).

1. Vacancy Applied For

Vacancy/Post: Grade.....

2. Personal Details of the Applicant

Name: Title.....
(Surname) First Name Other Name(s) (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

Date of Birth..... ID.No..... PIN.NO.
(dd-mm-yyyy)

Gender: Male ☐ Female ☐ Home 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. Next of Kin

1) Name..... Address.....

Tel. No..... Relationship.....

2) Name..... Address.....

Tel. No..... Relationship.....

4. Other Personal Details

Have you ever been convicted of any criminal offence or been a subject of probation order? Yes ☐ No ☐

If Yes, state the nature of offence, the year and duration of conviction.....

.....

Have you ever been dismissed or otherwise removed from employment? Yes ☐ No ☐

If Yes, State reason (s) for dismissal/removal.....effective date.....
(dd-mm-yyyy)

(Declaring the above information will not necessarily debar an applicant from employment in the OCoB. Each case will be considered on its own merit)

5. Academic Qualifications (Starting with the Highest) Attach Copies of Certificates

Year		University/ High School	Award/Attainment (e.g. Masters, Bachelors, Degree, KCSE)	Course/Programme (e.g. PhD, Msc, BA, O'Level)	Specialization/Subject (e.g. Econ, Maths, Sociology etc)	Class/Grade
From	To					

6. Professional/Technical Qualifications/Certifications Relevant to the Post. (Starting with the Highest) Attach Copies of Certificates

Year		Institution	Award/Attainment (e.g. Higher Diploma, Diploma, Certificate)	Specialization/Subject (e.g. Human Resource, Engineering, Counselling etc)	Class/Grade
From	To				

7. Relevant Courses and Training attended Lasting not Less than One (1) Week

Year	University/College Institution	Name of Course	Details and duration

8. Current Registration/Membership to Professional Bodies

Professional Body	Membership/Registration No.	Membership type (e.g. Associate, Full etc)	Date of Renewal

9. Employment Details- Where Applicable (Starting with the Current or Most Recent)

[illegible][illegible][illegible]

12. Referees (People who have Interacted with you 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.....

3. Full Name:.....

Occupation:.....

Address:.....Post Code:.....City/Town:

Mobile No:.....E-mail address:.....

Period for which the referee has known you.....

13. Declaration

I certify that the particulars given on this form are correct and understand that any incorrect /misleading information may lead to disqualification and/or legal action.

I hereby authorize Office of the Controller of Budget to authenticate my academic and professional certificates and to undertake background check of my employment history.

Date:
(dd-mm-yyyy)

.....
Signature of the Applicant