



COUNTY GOVERNMENT OF ISIOLO APPLICATION FOR EMPLOYMENT FORM

Please complete this form in **BLOCK** letters as appropriate and submit to the Secretary County public Service Board P.O. Box 224 – 60300ISIOLO,KENYA.

1. Vacancy Applied For

Vacancy/Post:.....Ref. No:.....
Department:.....

2. Personal Details

Name of applicant:..... Title:.....
(Surname) First Name Other Names(s) (Prof/Dr/Mr/Miss/Ms/Rev)
Date of Birth:..... Gender: Male Female:
(dd-mm-yyyy)
Nationality:..... ID No/Passport No.:..... Employment No:.....
Address:..... Postal Code:.....
Home District:..... County:..... Constituency.....
Telephone address:..... Mobile:..... E-mail
Alternative person:..... Telephone:..... contact

3. Internal Applicants/Deployed/Seconded

Department/Region:.....
Present Substantive Post:.....
Upgrading (if applicable) post:..... effective date:..... (dd-mm-yyyy)
Terms of Service: Permanent & Pensionable Contract Temporary

4. External Applicants

Current Employer:..... Position held:..... effective date:..... (dd-mm-yyyy)
Salary (monthly) Kshs.:.....

5. Other details

Indicate the language(s) you are proficient in:.....

Do you suffer from any physical impairment? Yes No

If Yes give details:.....

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

Expected Salary.....

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

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

Have you ever been interviewed by County Public Service Board? Yes No

If Yes, state the post:.....Interviewed date:.....

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

6. Academic/Professional/Technical Qualifications (Starting with the highest)

Year		University/College/Institution/School	Award/Attainment (e.g Degree, Diploma, Certificate)	Courses (e.g PhD, Msc, BA)	Subject (Econ, Maths e.t.c)	Class/Grade
From	To					

7. Other Relevance Courses and Training/Registration/membership to Professional Bodies/Institution

Year	Institution/College	Courses	Details

8. 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:.....

9. 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.

Date: (dd-mm-yyyy) Signature of the Applicant.....

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