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 P.O Box 1131-00606
 Sarit Centre, Nairobi.

JOB APPLICATION FORM

- Please fill **two copies** of this form in neat **BLOCK** letters
- Do not leave any section blank, sections that do not apply should be marked N/A
- Submit dully completed form to the Office of the Registrar of Political Parties

SECTION 1: PERSONAL DETAILS

1: Vacancy Applied For

Vacancy/Post.....Vacancy No.....

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..... Gender: Male Female
 (dd-mm-yyyy)

Nationality:..... Ethnicity:.....Home County:.....

SubCounty:.....Constituency:..... Postal Address:.....

Code:.....Town/City:..... Telephone No.....

Mobile No..... Email Address:.....

Are you living with 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: Alternative Contact Person

Name:..... Mobile No..... Relationship:.....

Physical Address:.....Email Address:.....

SECTION 2: EDUCATIONAL BACKGROUND (STARTING WITH THE HIGHEST)

School/College/University	Duration		Award/Attainment Degree/Dip/Cert	Course Undertaken	Grade Attained
	From	To			

SECTION 3: EMPLOYMENT HISTORY (STARTING FROM THE MOST RECENT)

Employer's Name	Duration		Position Held	Monthly Gross Salary
	From	To		

SECTION 4: DISCIPLINARY

Tick on the box provided where applicable

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)

Do you have any criminal charges pending and/or awaiting hearing in court? Yes No

Have you ever been convicted of any criminal offence? Yes No

If yes, please tabulate in the table below:

Offence	Year of Conviction	Detail of confinement/Imprisonment

SECTION 5: MEDICAL HISTORY

Do you have an injury, psychological or medical condition, disease or infection or any other disability, which may affect your ability to perform the duties of the position satisfactorily?

Yes

No

If yes, please provide details and describe any facilities, technical aids, equipment or adaptations to the workplace that you would require to satisfactorily carry out the duties of this position.

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SECTION 6: REFEREES (PEOPLE WHO HAVE INTERACTED WITH YOU PROFESSIONALLY)

1. Full Names.....Occupation.....
Mobile No..... Physical Address:..... Postal Code:.....
Town/City..... Email Address:.....
Period for which the referee has known you.....

2. Full Names.....Occupation.....
Mobile No..... Physical Address:..... Postal Code:.....
Town/City..... Email Address:.....
Period for which the referee has known you.....

3. Full Names.....Occupation.....
Mobile No..... Physical Address:..... Postal Code:.....
Town/City..... Email Address:.....
Period for which the referee has known you.....

SECTION 7: ADDITIONAL INFORMATION

Indicate the language(s) you are proficient in
Please give details of your abilities, skills and experience which you consider are relevant to the position applied for. The information may include an outline of your most recent achievements and your reasons for applying:

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SECTION 8: 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)



ORPP Job Application Form

