



KENYA URBAN ROADS AUTHORITY
Efficient and safe urban roads

JOB APPLICATION FORM

Application Guidelines

1. Download this form as a word document, fill all the details and print
2. Alongside the printed form attach the following:
 - a. Copies of certificates and testimonials
 - b. Copy of National ID/Passport
 - c. Application/cover letter
 - d. Curriculum Vitae

GENERAL INFORMATION					
Name	Title (Dr/Mr/Ms/Mrs/Miss)	Last (Surname)	First	Other names	
Contacts	P.O. Box	Postal Code	Town	Phone No	Email Address
DOB (dd-mm-yyyy)	Gender(Tick one) M <input type="checkbox"/> F <input type="checkbox"/>	ID/Passport No	Ethnicity	Home County	
Any Disability? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please describe briefly				
Other Personal Details					
Have you ever been convicted of any criminal offence or a subject of probation order? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, state nature of offence, the year and duration of conviction.....					
Have you ever been dismissed or otherwise removed from employment? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, State reason (s) for dismissal/removal and effective date (dd/mm/yy)					
<i>(Declaring the above information will not necessarily debar an applicant from employment in KURA. Each case will be considered on its own merit)</i>					

POSITION	
Position Applying for:	Job Ref:

Current Salary (Ksh):	Expected Salary(Ksh):
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EDUCATION			
Education	Area of Study	Name of Institution	Compl.Year
<i>Note: If more than one certificate for each category, please separate with a comma</i>			
Doctorate			
Masters			
Post Graduate Diploma			
Bachelors			
Advanced/Higher Diploma			
Diploma			
Advanced Certificate			
Certificate			
A level			
O Level			

PROFESSIONAL CERTIFICATIONS e.g. CHRP, CPS, CPA, CISA, etc.			
Certificate	Certification Body/Instifution	Registration No.	Year of Registration (yyyy)
1.			
2.			
3.			

PROFESSIONAL MEMBERSHIP/AFFILIATIONS e.g. IEK, IHRM, ICPAK, KIM, etc.		
Membership name	Registration body	Membership No
1.		
2.		
3.		

OTHER TRAININGS			
Training	Certificate	Institution	Year (yyyy)
1.			

2.			
3.			

EMPLOYMENT RECORD
(Start with the most recent)

Employer	Position	From (dd-mm-yyyy)	To (dd-mm-yyyy)	Contacts Email/Telephone
1.				
2.				
3.				
4.				
5.				
6.				

REFEREES

Name	Organization	Position	Contacts
1.			
2.			
3.			

I certify the information contained in this application is true, correct and complete. I understand that if employed, false statements reported on this application may be sufficient cause for dismissal.

Applicant's Signature.....Date.....