



REPUBLIC OF KENYA

COUNTY GOVERNMENT OF NYERI

COUNTY PUBLIC SERVICE BOARD

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Secretary, County Public Service Board, P.O.BOX 90- 10100 NYERI, KENYA, (Attach copies of your certificate, etc.).

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:.....

Sub County Constituency:.....

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

Department/ Station:.....

Personal/Employment No:..... Present Substantive Post:.....

Job group/Scale/Grade:..... Date of Current Appointment (dd-mm-yyyy).....

Upgraded post (where applicable):..... effective date of previous appointment:.....
(dd-mm-yyyy)

On Secondment (where applicable): Organisation:..... Designation:..... Job Group/Grade:.....

Terms of Service: Permanent & Pensionable Contract Other, Please specify:.....

4. All other Applicants

Current employer (where applicable):..... Position held:.....

Effective date: Gross Salary (monthly) Ksh.....
(dd-mm-yyyy)

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:

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

**TO,
THE SECRETARY,
NYERI COUNTY PUBLIC SERVICE BOARD,
FORMER DIVISION SUPPLIES OFFICES,
TELEPHONE NO: 0745342000,
PO BOX 90 - 10100,
NYERI.
Website - www.nyeri.go.ke**