### **REPUBLIC OF KENYA**



#### **COUNTY ASSEMBLY OF MARSABIT**

### **COUNTY ASSEMBLY SERVICE BOARD**

### **APPLICATION FOR EMPLOYMENT FORM**

Please complete this form in **BLOCK** letters as appropriate and submit to the Clerk/Secretary, Marsabit County Assembly Service Board, P.O. BOX 29 - 60500 MARSABIT, KENYA.

1. Vacancy Applied For				
Vacancy/Post:		Vacancy No:		
Department:	••	Section:		
2. Personal Details				
Name of applicant:			Title:	
Surname	First Name	Other Name(s):	(Prof/Dr	/Mr/Mrs/Miss/Ms/Rev)
Date of Birth:		Gender:	Male [ ]	Female [ ]
(dd-mm-yyyy)				
Marital Status: Single[ ]	Married[ ]	Widowed[ ]	Divor	ced[ ]
Children (How many? If applicable)				
Nationality: ID No/Pass	sport No:	Empl	loyment/PNo:	
TAX PIN	Address:	P	ostal Code:	
Home County:	Home Ward:			Village:
Home District: Div	vision:	SubCou	nty/Constituen	cy:
Telephone:Mobile:		E-mail a	ddress:	
Alternative contact person:	Telo	ephone:		
s in Public vie				
3. Applicants in the Public Service Only				
Ministry/Department/Other Public Institution	ons:		Station:	
Present Substantive Post:				
				(dd-mm-yyyy)
Upgrading (if applicable) post:		effective date:		
			(dd-mn	п-уууу)
Terms of Service: Permanent [ ] Contrac	et [] Tempor	rary [] Providen	it [] Super	numerary [ ]
	_			
4. Applicants in Private/NGO/Other Sect	ors			
Current employer:Po	sition held:	6	effective date:	
				(dd-mm-yyyy)
Salary (monthly) Kehe				

5. Other Detai	ils					
Ethnicity:		Indicate the lar	nguage(s) you are profi	cient in		
Do you suffer t	Do you suffer from any disability? Yes [ ] No [ ]					
If yes give deta	ails:					
Have you ever	been convic	ted of any criminal offe	nces or a subject of pro	bation order?	Yes [ ] No [ ]	
Have you ever	been dismis	sed or otherwise remove	ed from employment?	Yes [ ]	No[]	
If Yes, State re	eason (s) for	dismissal/removal		effect		
II	1	1 h C	ll. C D	1 1- :4 1 C	(dd-mm-	
-		ewed by County Assem	-			
		mation will not necessa				
	_	red on its own merit)	iruy ucour un appucar	it from employ	ment in County 1	issembly Service
		,				
6. Academic/P	Professional	Technical Qualification	ons (Starting with the	<b>Highest</b> )		
		University/College/	Award/Attainment	Courses	Subject	
Yea	ır	Institution/School	(e.g Degree, Diploma,	(e.g PhD,	(Econ, Maths e.t.c)	Class/Grade
E	Т-		Certificate)	Msc, BA)	,	
From	То					
	· ·					
						_
7. Other Relev	vant Course	s and Training/Registi	ration/Membership to	<b>Professional</b>	Bodies/Institutio	n
Year	I	nstitution/College	Courses	S	Detai	lls

# Our e-mail: info@marsabitassembly.go.ke

Year	Institution/College	Courses	Details

## 8. Employment Details (Starting with the most recent)

Month/Year Employer's Name		Position/Rank/Designation	Job Group/Gross Monthly Salary (Kshs.)	
From	To			

9. Briefly state your current duties, responsibilities and assignments								
<b>10.</b> Please give of information m	ay include		your most	recent a	achievements	and your	reasons for	applying

### Our e-mail: info@marsabitassembly.go.ke

### **Personal References**

The names of distinguished persons should not be used unless they really know you well; the names of relatives or of those from whom you send testimonials should not be used. <u>The names of members or staff of the County Assembly Service Board of Marsabit should also not be used.</u>

1. Full Name:	
Address:	
Telephone No:	E-mail address:
Occupation:	
Period for which he/she has known you:	
<b>2.</b> Full Name:	
Address:	
	E-mail address:
Occupation:	
Period for which he/she has known you:	
<b>Declaration:</b>	
I hereby certify to the best of my knowledg	ge that the particulars given on this form are correct and I understand that any
incorrect information may lead to disqualifi	ication and/or legal action.
Date:	
(dd-mm-yyyy)	Signature of the Applicant