MCASB-1B



### **REPUBLIC OF KENYA**

### **COUNTY ASSEMBLY OF MARSABIT**

### **COUNTY ASSEMBLY SERVICE BOARD**

## GENERAL APPLICATION FORM FOR CONTRACT/PART TIME STAFF

Please complete this form in **BLOCK** letters as appropriate and submit to the Clerk/Secretary, Marsabit County Assembly Service Board, of 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 F	First Name	Other Name(s):	(Prof/Dr/Mr/Mrs/Miss/Ms/Rev)
Date of Birth:	. Gender:	Male [ ] Fema	nle [ ]
(dd-mm-yyyy)  Marital Status: Single[ ] M	Married[ ]	Widowed[ ]	Divorced[ ]
Children (How many? If applicable)	<i></i>		
Nationality: ID No/Passpo	ort No:	Employmen	nt/PNo:
PINAc	ddress:	Postal Code	2:
Home County:	Iome Ward:		Village:
Home District:	ion:	SubCounty/C	Constituency:
Telephone:Mobile:		E-mail address:	
Alternative contact person:	<i></i>	Telephone:	
1000			
3. Applicants in the Public Service Only			
Ministry/Department/Other Public Institutions	;:	St	ation:
Present Substantive Post:	Job gr	oup: effective	date:
			(dd-mm-yyyy)
Upgrading (if applicable) post:	•••••	effective	date:
			(dd-mm-yyyy)
Terms of Service: Permanent [ ] Contract [	] Tempora	ary [] Provident []	Supernumerary [ ]
4. Applicants in Private/NGO/Other Sectors	S		
Current employer:	. Position held:.		.effective date:
			(dd-mm-yyyy)
Salary (monthly) Kshs	• • • • • • • • • • • • • • • • • • • •		

# Our e-mail: info@assembly.marsabit.go.ke

5. Other Deta	ils					
Ethnicity:		Indicate the lar	nguage(s) you are profi	cient in		
Do you suffer from any physical impairment? Yes [ ] No [ ]						
If yes give deta	ails:					
Have you ever	been convic	cted of any criminal offe	ences or a subject of pro	obation order?	Yes [ ] No [ ]	
Have you ever	been dismis	ssed or otherwise remove	ed from employment?	Yes [ ]	No [ ]	
If Yes, State re	eason (s) for	dismissal/removal		effe	ctive date	
					(dd-mm-	уууу)
Have you ever	been intervi	iewed by County Assem	bly Service Board of N	Aarsabit before	? Yes [ ] No [ ]	
If Yes, State th	ne Post:			Interview dat	te:	
(Declaring the	e above infor	rmation will not necesso	arily debar an applicar	nt from employ	ment in County P	'ublic Service.
Each case will	l be consider	red on its own merit)				
C A and amin/I	D	Taskerical Ovalification	one (C4ontino mith the	Ttich and)		
o. Academic/I	Professional	/Technical Qualification	ons (Starting with the	Highest)		
		University/College/	Award/Attainment (e.g Degree,	Courses	Subject (Econ,Maths	Class/Grade
Yes	ar	Institution/School	Diploma,	(e.g PhD, Msc, BA)	e.t.c)	Class/Grade
From	To		Certificate)	WISC, DA)		
TIOII	10					
		-				
			*			
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7. Other Rele	vant Course	es and Training/Regist	ration/Membership to	Professional	Bodies/Institution	n
Year		Institution/College	Courses		Detai	lc .
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					_	

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Year	Institution/College	Courses	Details

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

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

9. Briefly sta	te your current	duties, respon	sibilities and a	ssignments				
	· · · · · · · · · · · · · · · · · · ·							
10 51								
	ve details of you							
information	may include	an outline	of your n	nost recent	achievements	and your	reasons for	applying
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
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## Our e-mail: info@assembly.marsabit.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. The names of members or staff of the County Assembly Service Board of Marsabit should also not be used.

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