

REPUBLIC OF KENYA



PUBLIC SERVICE BOARD

GOVERNMENT OF MACHAKOS COUNTY

EMPLOYEE BIO-DATA FORM

PERSONAL DETAILS

Employment / Personal No

Surname..... First Name..... Other Names.....

Nationality ☐ Kenyan ☐ Other (State)

ID No/Passport No

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Pin No

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Gender ☐ Male ☐ Female **Date of Birth**

(dd-mm-yyyy)

Address **P.O Box** **Postal Code**

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Telephone No / Mobile No

Email Address.....

Home County ☐ Machakos ☐ Other (State)

Sub-County..... **Ward**.....

Ethnicity ☐ Kamba ☐ Other (State)

Designation..... Job Group

Salary Scale.....

Terms of Services ☐ Permanent & Pensionable ☐ Permanent ☐ Contract
☐ Temporary ☐ Casual ☐ Probation

Give Details

First Appointment

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(dd-mm-yyyy)

Last Promotion

(dd-mm-yyyy)

Special Interest Groups / Minority / PWD

☐ Yes ☐ No

If Yes, Give Details

DEPLOYMENT

SUB-COUNTY ☐ Machakos Town ☐ Kathiani ☐ Matungulu ☐ Yatta
☐ Mwala ☐ Masinga ☐ Kangundo ☐ Mavoko

☐ Department.....
☐ Ministry.....
☐ Other Public Institution.....

Were you recruited by Machakos County Public Service Board? ☐ Yes ☐ No

If Yes state Department.....

Were you previously working under any Defunct Local Authority? ☐ Yes ☐ No

If Yes state the Defunct Local Authority.....

Have you been devolved from National Government? ☐ Yes ☐ No

If Yes, Give Details e.g Secondment / Conditions.....

Starting Date
(dd-mm-yyyy)

EMPLOYMENT DETAILS (START WITH LATEST)

NO	ORGANISATION	WORKSTATION	JOB TITLE	DURATION	PERIOD	
					FROM	TO
1						
2						
3						
4						

EDUCATION DETAILS

Highest Qualification

☐ PHD ☐ Post-Secondary Certificate ☐ KJSE
☐ Masters ☐ KACE ☐ CPE
☐ Bachelors Degree ☐ EAACE ☐ KCPE
☐ High National Diploma ☐ EACE ☐ Driving Licence
☐ Diploma ☐ KCE ☐ None
☐ CPA (K) ☐ KCSE ☐ Others (State).....

Academic Details (Start with Latest)

NO	INSTITUTION	DURATION	PERIOD		AWARD
			FROM	TO	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Professional Qualifications (Start with Latest)

NO	INSTITUTION	DURATION	PERIOD		AWARD
			FROM	TO	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Current Duties & Responsibilities

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Details of core competencies, abilities, skills and experiences relevant to this position

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PENSION DETAILS

Next of Kin ☐ Spouse ☐ Brother ☐ Sister ☐ Father ☐ Mother
☐ Son ☐ Daughter ☐ Other(s).....

Next of Kin Name **Address**..... **Tel:**.....

Declaration

I hereby certify to the best of my knowledge that the particulars given on this form are correct and I understand that any incorrect information may lead to Disciplinary action

Sign: **Date:**