

REPUBLIC OF KENYA



PUBLIC SERVICE COMMISSION OF KENYA

APPLICATION FOR EMPLOYMENT FORM

Please complete this form in **BLOCK** letters as appropriate and submit to the Secretary, Public Service Commission of Kenya, P.O.BOX 30095, 00100 NAIROBI, KENYA, or apply **On-line** via the Commission's Website www.publicservice.go.ke

1. Vacancy Applied For

Vacancy/Post: Vacancy No:

Ministry/Local Authority: Department:

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)

Nationality: ID No/Passport No: Employment/PNo:

Address: Postal Code:

Home District: Division: Constituency:

Telephone: Mobile: E-mail address:

Alternative contact person: Telephone:

3. Applicants in the Public Service only

Ministry/Department/Local Authority/Other Public Institutions: Station:

Present Substantive Post: Job group: effective date:
 (dd-mm-yyyy)

Upgrading (if applicable) post: effective date:
 (dd-mm-yyyy)

Terms of Service: Permanent & Pensionable Contract Temporary

4. Applicants in Private/NGO/ Other Sectors

Current employer: Position held: effective date:
 (dd-mm-yyyy)

Salary (monthly) Ksh.

5. Other Details

Indicate the language(s) you are proficient in:

Do you suffer from any physical impairment? Yes No

If yes give details:

Have you ever been convicted of any criminal offences or a subject of probation order? Yes No

8. Employment Details (starting with the most recent)

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

9. Briefly state your current duties, responsibilities and assignments

10. Please give details of your abilities, skills and experience which you consider are relevant to the position applied for. The information may include an outline of your most recent achievements and your reasons for applying.....

11. 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 Public Service Commission of Kenya should also not be used.

1. Full Name:.....
Address:.....
Telephone No:..... E-mail address:.....
Occupation:.....
Period for which he/she has known you:.....

2. Full Name:.....
Address:.....
Telephone No:..... E-mail address:.....
Occupation:.....
Period for which /he/she has known you:.....

12. Head of Department/Supervisor Recommendation (PSC 2A) Form

Please complete Head of Department Recommendation (PSC 2A) Form (Part I) and submit to your Head of Department / Supervisor (if applicable).

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 disqualification/legal action.

Date:
(dd-mm-yyyy) Signature of the Applicant