

APPLICATION FORM FOR EMPLOYMENT

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Auditor - General, using the email address provided. (Attach copies of certificates and testimonials as indicated in each case).

1. Vacancy Applied For			
Vacancy/Post:			.Grade
Advertisement No			
2. Personal Details of the Applicant			
Name:			Title
(Surname)	First Name	Other Name(s):	(Prof/Dr/Mr/Mrs/Miss/Ms/Rev)
Date of BirthID No	0	PIN.NO	Gender: Male Female
Nationality	Ethnicity	Home C	ounty
Sub County		Constituency:	
Postal Address	Code		Town/City:
Telephone No	Mobile No	E-mail a	ddress
Name of alternative contact person		Teleph	one 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 v	with Disabilities (Registration No	and date)
3. Next of Kin			
1) Name		Address	
Tel. No		Relationship	

,								
4. Other I	Personal Det	tails						
Have you	ever heen co	nvicted of any criminal	offence o	r heen a suhi	ect of probation orde	r? Yes	No [
		of offence, the year and						
ii ics, stat	te the nature	or orrelice, the year and	duration	or conviction	1	•••••		
Have you	ever been dis	smissed or otherwise ren	noved fro	m employme	ent? Yes	No 🗀		
If Yes, Sta	te reason (s)	for dismissal/removal				e		(dd-mm-yyyy)
		information will not nec		debar an app	olicant from employi	nent in the Q	ffice of the Au	ditor - General.
		idered on its own merit,						
5. Acaden	nic Qualifica	ations. (Starting with th	ne Highes	st) Attach co	ppies of certificates			
			Award/	Attainment				
Y	'ear	University/ High School	(e.g. Ma		Course/Programm (e.g. PhD, MSc, BA O' Level)		ation/Subject n, Maths, y e.t.c)	Class/Grade
From	To		RCSE)					
	1/75				. (3)			
6. Professi certificate		ical Qualifications/Cer	tification	s Relevant t	o the post. (Starting	g with the Hi	ghest) Attach	copies of
Y	ear			Award/At		Specializati (e. g Humai		
From	То	Institution		Diploma,	(e.g. Higher Diploma, Diploma, Certificate)		Engineering, Counselling e.t.c)	

7. Relevant	Courses	s and Trainii	ng attended Lasting r	ot Less th	an One (1) Week					
Year	Unive	rsity/College	/Institution		Name of	Course		D	etails aı	nd duration	l
<u> </u>											
	•			,				.			
9 0	D	. A.		ID I							
8. Current	Registra	ation/Membe	ership to Professional	l Bodies							
Profession	onal Bod	y	Membership/Regis	stration No	0.	Memb Asso	ership type (e.g.	Date	of Renewal	l
							,				
9. Employr	nent Det	ails - where a	applicable (starting w	rith the cur	rent or m	nost recent)					
	Year Designation/ Position		/ Position		Job Group/ /Scale Gross Mont (Ksh.)		Orga	nizatior	1		
From (dd-mm-y		To (dd-mm-									

11. Briefly sta	te your current	duties, responsib	ilities and assignments	(if any)	
	• • • • • • • • • • • • • • • • • • • •				
	• • • • • • • • • • • • • • • • • • • •				
12. Please give information may in				ou consider relevant to the po and your reasons for applyin	
13. Referees (peop	ole who have i	nteracted with y	ou professionally)		
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Period for which the referee has known you	
2. Full Name	
Occupation	
Address	ost CodeCity/Town:
Mobile No	E-mail address
Period for which the referee has known you	
14 Dealers (See	
14. Declaration	
	et and understand that any incorrect /misleading information may lead
professional certificates and to undertake background ch	e the Office of the Auditor-General to authenticate my academic and eck of my employment history.
Date:(dd-mm-yyyy)	Signature of the Applicant