

COUNTY GOVERNMENT OF VIHIGA



COUNTY PUBLIC SERVICE BOARD
P O BOX 880 -50300
MARAGOLI

Cpsbvihiga@yahoo.com

“Transforming Public Service”

FOR OFFICIAL USE ONLY
Application Serial Number
.....
Official Stamp

APPLICATION FOR EMPLOYMENT FORM

Please complete this form in BLOCK LETTERS as appropriate and submit **one hardcopy** to the Secretary/CEO, County Public Service Board to P.O. BOX 880-50300, Maragoli; before the deadline in the advertisement latest 5pm.**OR Hand delivered.**

- a. Do **NOT attach any documents** at this stage.
- b. Scanned and emailed copies of application are **NOT** acceptable.
- c. Fill one form per vacancy advertised.
- d. **Do NOT use abbreviations** while filling in this application form.
- e. This employment form is **NOT FOR SALE** and can be downloaded from the official website of the County Government of Vihiga.
- f. **Do NOT pay any money to fraudsters** as The County Public Service Board of Vihiga DOES NOT charge any fee for recruitment.
- g. An applicant to **sign** all pages of the form as indicated.
- h. Ensure the form **has six printed pages** before filling.
- i. Only Shortlisted candidates will be asked to provide original and copies of their Curriculum Vitae (CV), Identity Card (ID), latest payslip/ letter of appointment or promotion and chapter Six (6) clearance certificates on interview date.
- j. Filling in false/ misleading information will lead to automatic disqualification and prosecution.

1. Vacancy Applied For

Vacancy/Post*

Vacancy No.*

Department*

2. Personal Details

Name*

Surname

First Name

Other Names

Nationality

ID NO/Passport No*

Date of Birth

Gender*

Male

Female

Address*

Postal Code

A. Permanent place of Residence (as indicated in the National Identitycard/ Passport)

County*

Sub-County*

Ward

Village

B. Current place of Residence

County*

Sub-County*

Ward

Village

Telephone*

Mobile*

Email Address*

Alternative Contact Person (Name)

Mobile

3. Other Details

Indicate the language(s) you are proficient in*

.....
.....
.....

Do you suffer from any physical impairment?*

- Yes
- No

If yes, briefly explain.....

.....
.....

Do you have *valid* clearance by the following agencies? (Tick where appropriate)*

- EACC
- D.C.I.(POLICE)
- HELB
- KRA
- CRB

Have you ever been convicted of any criminal offences or a subject of probation order?*

- Yes
- No

If yes, briefly explain.....

.....
.....

Have you ever been dismissed or otherwise removed from employment?*

- Yes
- No

If yes, briefly explain.....

.....
.....

Have you ever been interviewed by the County Public Service Board of Vihiga before?*

Yes

No

Interview date and related vacancy

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(Declaring the above information will not necessarily debar an applicant from employment in County Public Service. Each case will be considered on its own merit)

4. Academic/Professional/Technical Qualification (Starting with the Highest)

Year (From – To)	University/College/ Institution/School	Award/Attainment (e.g Degree, Diploma, Certificate)	Courses(e.g PHD,Msc,B.A)	Subject (Econ,Maths e.t.c)	Class Grade

5. Other relevant courses and Training/Registration/Membership to professional Bodies/Institutions

Year	Institution	Courses	Details

6. Employment details (starting with the most recent)

Year (From – To)	Employer’s Name	Position/Rank/ Designation	Job Group/Gross Monthly Salary (Kshs)	Terms of Service e.g Contract/ Permanent

Briefly state your current duties, responsibilities and assignments

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

7. PERSONAL REFERENCES

Names of distinguished persons should not be used unless they really know you. The names of members of staff of the County Public Service Board should also not be used.

1. Full Name*

Organization/Company*

Occupation*

Address*

Phone*

Email*

Period for which he/she has known you*

2. Full Name*

Organization/Company*

Occupation*

Address*

Phone*

Email*

Period for which he/she has known you*

3. Full Name*

Organization/Company*

Occupation*

Address*

Phone*

Email*

Period for which he/she has known you*

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 andor prosecution.

Date

Signature