COUNTY GOVERNMENT OF VIHIGA



COUNTY PUBLIC SERVICE BOARD P O BOX 880 -50300 MARAGOLI

Cpsbvihiga@yahoo.com

Queens Arcade, along Kisumu - Kakamega Road, Mbale Town.

FOR OFFICIAL USE ONLY
Application Serial Number
Official Stamp

"Transforming Public Service"

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*, *Queens Arcade*, *along Kisumu - Kakamega Road*, *Mbale Town* before the deadline in the advertisement latest 5pm.OR **Hand delivered**.

- a. You must attach copies of your academic & Professional testimonials, National identity card and any other relevant documents
- 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.

Vacancy/Post*	Vacancy No.*
Department*	

2. Personal Details

Vacancy Applied For

1 | Page Cell phone: 073135216 SIGNDATE......DATE.....

Name*		
Surname	First Name	Other Names
Nationality	ID NO/Passport No*	Date of Birth
	\neg I	
Gender*		
Male		
Female		
Address*	I	Postal Code
		N 111 1/D
	ce of Residence (as indicated in the	
County*	Sub-County*	Ward
	[
	Village	
		٦
B. Current place	of Residence	
County*	Sub-County*	Ward
	Village	
		٦
Telephone*		
Mobile*		
Email Address*		
		_
Alternative Contact Per	rson (Name)	
	ison (Manic)	
Mobile		

3. Other Details

Indicate the language(s) you are proficient in*
Do you suffer from any physical impairment?*
O Yes
O No
If yes, briefly explain
Do you have <i>valid</i> clearance by the following agencies? (Tick where appropriate)*
O EACC
O D.C.I.(POLICE)
O HELB
O KRA
O CRB
Have you ever been convicted of any criminal offences or a subject of probation order?*
O Yes
O No
If yes, briefly explain
Have you ever been dismissed or otherwise removed from employment?*
O Yes
O No
If yes, briefly explain
Have you ever been interviewed by the County Public Service Board of Vihiga before?*
O Yes
O No
Interview date and related vacancy

Cell phone: 073135216 SIGN......DATE...... (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	University/College/	Award/Attainment	Courses(e.g	Subject	Class
(From –	Institution/School	(e.g Degree, Diploma,	PHD,Msc,B.A)	(Econ, Maths	Grade
To)		Certificate)		e.t.c)	

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

Briefly state your current duties, responsibilities and assignments			

	on applied for. The inforcements and your reaso	ormation may include an outline of your most recent ns for applying*
7.	PERSONAL REFEI	RENCES
		persons should not be used unless they really know you. The f the County Public Service Board should also not be used.
1.	Full Name*	
	Organization/Comp	any*
	Occupation*	
	Address*	
	Phone*	
	Email*	
	Period for which he/	she has known you*
2.	Full Name*	
	Organization/Comp	any*
	Occupation*	
	Address*	
	Phone*	
	Email*	

Please give details of your abilities, skills and experience which you consider relevant to the

Period for which he/sl	ne has known you*
3. Full Name*	
Organization/Compar	ny*
Occupation*	
Address*	
Phone*	
Email*	
Period for which he/sl	ne has known you*
Declaration	
	ny knowledge that the particulars given on this form are correct rect information may lead to disqualification andor
Date	
Signature	