



REPUBLIC OF KENYA

COUNTY PUBLIC SERVICE BOARD OF NYERI

APPLICATION FOR REDESIGNATION FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Secretary, County Public Service Board, P.O.BOX 90- 10100 NYERI, KENYA, (Do not attach copies of certificates and testimonials).

1. Redesignation vacancy applied For

Vacancy/Post: Vacancy No:.....

2. Personal Details of the Applicant

Name: Title:.....
(Surname) First Name Other Name(s): (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

Date of Birth..... ID No:..... PIN.NO. Gender: Male Female
(dd-mm-yyyy)

Nationality:..... Ethnicity Home County:.....

Sub County Constituency:.....

Postal Address:..... Code:..... Town/City:

Telephone No:..... Mobile No:..... E-mail address:.....

Name of alternative contact person:..... Telephone 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 with Disabilities (Registration No. and date).....

3. Applicants in the Public Service only

Department/ Station:.....

Personal/Employment No:..... Present Substantive Post:.....

Job group/Scale/Grade:..... Date of Current Appointment (dd-mm-yyyy).....

Upgraded post (where applicable):..... effective date of previous appointment:.....
(dd-mm-yyyy)

On Secondment (where applicable): Organisation:..... Designation:..... Job Group/Grade:.....

Terms of Service: Permanent & Pensionable Contract Other, Please specify:.....

12. Referees (people who have interacted with you professionally)

1. Full Name:.....
Occupation:.....
Address:.....Post Code:.....City/Town:
Mobile No:..... E-mail address:.....
Period for which the referee has known you:.....

2. Full Name:.....
Occupation:.....
Address:..... Post Code:.....City/Town:
Mobile No:..... E-mail address:.....
Period for which the referee has known you:.....

13. Declaration

I certify that the particulars given on this form are correct and understand that any incorrect /misleading information may lead to disqualification and/or legal action.

Date:
(dd-mm-yyyy)

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Signature of the Applicant