



REPUBLIC OF KENYA

# COUNTY GOVERNMENT OF NYERI

## COUNTY PUBLIC SERVICE BOARD

### APPLICATION FOR EMPLOYMENT 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, (Attach copies of your certificate, etc.).

#### 1. 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:.....

#### 4. All other Applicants

Current employer (where applicable):..... Position held:.....

Effective date: ..... Gross Salary (monthly) Ksh.....  
(dd-mm-yyyy)





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: .....

**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)

.....  
Signature of the Applicant

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**TO,  
THE SECRETARY,  
NYERI COUNTY PUBLIC SERVICE BOARD,  
FORMER DIVISION SUPPLIES OFFICES,  
TELEPHONE NO: 0745342000,  
PO BOX 90 - 10100,  
NYERI.  
Website - [www.nyeri.go.ke](http://www.nyeri.go.ke)**