

## APPLICATION FOR EMPLOYMENT FORM

Please complete this form in BLOCK letters as appropriate and submit to the Principal, Karumo Technical Training Institute, P.O.BOX 111 - 60200 MERU, KENYA

1. Vacancy Applied For				
Vacancy/Post:	Vacancy No:			
Department:				
2. Personal Details				
Name of applicant:(Surname)	First Name	Other Name(s):		
Title: (Prof/Dr/Mr./Mrs./Miss/Ms/		Other Name(s).		
Date of Birth:		Female		
(dd-mm-yyyy)				
	ID.No/Passport No.:			
	Town:			
Home County:	Sub county: Const	ituency:		
Telephone: Mobi	lle: E-mail addre	255:		
Alternative contact person:	Telephone:			
3. Applicants in the institute only	1			
Department:		n:		
Present Substantive Post:	Job Grade:			
Effective date:				
(dd mm	уууу)			
Upgrading (if applicable) post:				
		(dd-mm-yyyy)		
Terms of Service: Permanent &	Rensionable Contract	Casual Internship		
4. Applicants in Private/NGO/Other Sectors				
Current employer:	Position hel	d:		
Effective date:	Gross Salary (monthly) Ksh.			
5. Other Details				
Indicate the language(s) you are p	proficient in:			

Do you suffer from any physical impairment? Yes — No — Reg. No.									
If yes give details:									
Have you ever been convicted of any criminal offences or a subject of probation order?									
Yes - No -									
Have y	ou eve	r bee	n dismissed (	or otherwise re	moved fr	om employr	nent?	Yes 🗀 No	
If Yes, S	state re	eason	(s) for dismi	ssal/removal:					
Effectiv	e date								
Have v	OU EVE	r bee	dd-mm-yy) n interviewe		echnical '	Training Inst	itute	before? Yes □ 1	No
						_		date:	
								(dd-mm	-уууу)
·	Ü				,	ebar an appi	licant	from employmen	t in the
				lered on its ow					
	lemic /P	1		Qualifications (Sta			1 2		Cl /
Year	То	University/College /School		Award/Attainment (e.g.Degree, Diploma,		Courses (e.g. PhD,	Area of Specialization		Class/ Grade
From	10			Certificate)		Msc, BA)			
7 Oth	on Dol		Courses C T	Tura in in or /D a orientus	sties /NAss	nahanahin ta	Duefe	asianal Dadias/Inc	1:11.
7. Other Relevant Courses & Training/Registration/Membership to Professional Bodies/Institute									
From	From To Institute/Co		ollege	Courses Detail		Details			

8. Employment Details - where applicable (starting with the current or most recent)    Joh Group/Grade   Ministry/State Department of the current of the cur					
From	Year To	Designation/ Position	Job Group/Grade /Scale Gross Monthly Salary	Ministry/State Department/ Institution/ Organization	
	(dd-mm-yyyy)		(Ksh.)		
<b>9.</b> Briefly stat	te your current dut	ies, responsibilities and assignn	nents (if any)		
•••••					
•••••		•••••			
		lities, skills and experience wh			
informatioi	n may include an o	outline of your most recent achie	evements and your reasons r	or applying for this post.	
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•••••	•••••	•••••	•••••		
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• • • • • • • • • • • • • • • • • • • •					
11. Referees	(people who h	ave interacted with you	professionally)		
11. Referees	(people who h	ave interacted with you	professionally)		
		· ·			
1. Full Name:					
1. Full Name:					
1. Full Name: Occupation: Address:		Post Code:	City/Town:		
1. Full Name: Occupation: Address: Mobile No:		Post Code: E-mail address:	City/Town:		
1. Full Name: Occupation: Address: Mobile No:		Post Code: E-mail address:	City/Town:		
1. Full Name: Occupation: Address: Mobile No: Period for whic	h the referee has k	Post Code: E-mail address:	City/Town:		

KTTI/HR/EA/001

Address:	Post Code:	City/Town:		
Mobile No:	E-mail address:			
Period for which the referee has known you:				
12.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)		Signature of the Applicant		