

## 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 276 - 60602 KIANJAI, KENYA

| Teerinical Training Institute, 170.0         | <u> </u>      |               |                   |
|--|---------------|---------------|-------------------|
| <ol> <li>Vacancy Applied For</li> </ol>      |               |               |                   |
| Vacancy/Post:                                |               |               | Vacancy No:       |
| Department:                                  |               |               |                   |
| 2. Personal Details                          |               |               |                   |
|  |               |               |                   |
| Name of applicant:                           | F:            | N1            | Other News (2)    |
| (Surname) Title: (Prof/Dr/Mr./Mrs./Miss/Ms/F |               | Name          | Other Name(s):    |
|  |               |               | Comple            |
| Date of Birth: (dd-mm-yyyy)                  |               | Male          | Female            |
| Nationality:                                 |               | port No.:     |                   |
| Postal Address:                              | Town :        |               | Code:             |
| Home County:                                 | Sub county:   | Cons          | tituency:         |
| Telephone: Mobil                             | e:            | E-mail addr   | ess:              |
| Alternative contact person:                  |               |               |                   |
| 3. Applicants in the institute only          |               |               |                   |
| Department:                                  |               | Sectio        | n:                |
| Present Substantive Post:                    |               | Job (         | Grade:            |
| Effective date:                              |               |               |                   |
| (dd mm                                       | уууу)         |               |                   |
| Upgrading (if applicable) post:              |               |               | Effective date:   |
|  |               |               | (dd-mm-yyyy)      |
| Terms of Service: Permanent &                | Pensionable 0 | Contract      | Casual Internship |
| 4. Applicants in Private/NGO/Oth             | ner Sectors   |               |                   |
| Current employer:                            |               | Position hel  | d:                |
| Effective date:                              | Gross Salary  | y (monthly) K | sh.               |
| 5. Other Details                             |               |               |                   |
| Indicate the language(s) you are pr          | roficient in: |               |                   |
|  |               |               |                   |

|   |    | / ' |    | ٠, | ٠, | _  |     |  |
|---|----|-----|----|----|----|----|-----|--|
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| 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 you ever been dismissed or otherwise removed from employment? Yes $\square$ No $\square$ |   |       |                            |                                |                     |               |        |                        |           |  |  |  |
| If Yes, S   | If Yes, State reason (s) for dismissal/removal: |       |                            |                                |                     |               |        |                        |           |  |  |  |
| Effective   | e date:   |       |                            |                                |                     |               |        |                        |           |  |  |  |
| Have v  | OU eve  | r hee | dd-mm-yy)<br>on interviewe |                                | echnical '          | Training Inst | itute  | before? Yes □          | No 🗔      |  |  |  |
|   |   |       |                            |                                |                     | _             |        | late:                  |           |  |  |  |
|   |   |       |                            |                                |                     |               |        | (dd-mm                 | n-yyyy)   |  |  |  |
| (Declari  | ing the   | abo   | ve informati               | on will not nec                | essarily d          | ebar an appı  | licant | from employmer         | nt in the |  |  |  |
|   |   |       |                            | lered on its ow                | •                   |               |        |                        |           |  |  |  |
|   | emic /P   |       |                            | Qualifications (Sta            |                     |               |        |                        | Class/    |  |  |  |
| Year  | _   | Univ  |                            | rsity/College   Award/Attainme |                     |               |        | Area of Specialization |           |  |  |  |
| From  | То  |       |                            | Certificate)                   | ,                   | Msc, BA)      |        |                        |           |  |  |  |
|   |   |       |                            |                                |                     |               |        |                        |           |  |  |  |
|   |   |       |                            |                                |                     |               |        |                        |           |  |  |  |
|   |   |       |                            |                                |                     |               |        |                        |           |  |  |  |
|   |   |       |                            |                                |                     |               |        |                        |           |  |  |  |
|   |   |       |                            |                                |                     |               |        |                        |           |  |  |  |
|   |   |       |                            |                                |                     |               |        |                        |           |  |  |  |
|   |   |       |                            |                                |                     |               |        |                        |           |  |  |  |
|   |   |       |                            |                                |                     |               |        |                        |           |  |  |  |
| 7. Oth  | er Rele   | evant | Courses & T                | raining/Registra               | ation/Me            | mbership to   | Profe  | essional Bodies/Ins    | titute    |  |  |  |
| 7. Other  | er Rele   | evant | Courses & T                |                                | ation/Me<br>Courses | mbership to   | Profe  | essional Bodies/Ins    | titute    |  |  |  |
|   |   | evant |                            |                                |                     | mbership to   | Profe  |                        | titute    |  |  |  |
|   |   | evant |                            |                                |                     | mbership to   | Profe  |                        | titute    |  |  |  |
|   |   | evant |                            |                                |                     | mbership to   | Profe  |                        | titute    |  |  |  |
|   |   | evant |                            |                                |                     | mbership to   | Profe  |                        | titute    |  |  |  |
|   |   | evant |                            |                                |                     | mbership to   | Profe  |                        | titute    |  |  |  |
|   |   | evant |                            |                                |                     | mbership to   | Profe  |                        | titute    |  |  |  |

| Year             |                      |                                   | Job Group/Grade                | Ministry/State Department/ |  |
|------------------|----------------------|-----------------------------------|--------------------------------|----------------------------|--|
| From             | То                   | Designation/ Position             | /Scale<br>Gross Monthly Salary | Institution/ Organization  |  |
| (aa-mm-yyyy)     | (dd-mm-yyyy)         |                                   | (Ksh.)                         |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
| 9. Briefly sta   | te your current dut  | ies, responsibilities and assignm | nents (if any)                 |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
| _                | _                    | outline of your most recent achie | -                              |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
| 11 Deferees      | (noonlo who h        | ava interacted with your          | nrofossionally)                |                            |  |
| 11. Keierees     | (people who h        | nave interacted with you          | professionally)                |                            |  |
| 4 5 1131         |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
| Mobile No:       |                      | E-mail address:                   |                                |                            |  |
| Period for which | ch the referee has k | nown you:                         |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
|                  |                      |                                   |                                |                            |  |
| Occupation:      |                      |                                   |                                |                            |  |

KTTI/HR/F/001

|                                |                                |                                 | CONFIDENTIAL                     |
|--------------------------------|--------------------------------|---------------------------------|----------------------------------|
| Address:                       | Post Code:                     | City/T                          | own:                             |
| Mobile No:                     | E-mail addr                    | ress:                           |                                  |
| Period for which the referee   | has known you:                 |                                 |                                  |
| 12.Declaration                 |                                |                                 |                                  |
| I certify that the particulars | given on this form are correct | t and understand that any incom | rect /misleading information may |
| lead to disqualification and/o | or legal action.               |                                 |                                  |
|                                |                                |                                 |                                  |
|                                |                                |                                 |                                  |

Signature of the Applicant

Date: .....

(dd-mm-yyyy)