

Revised 2026

REPUBLIC OF KENYA



GOVERNMENT OF MAKUENI COUNTY

COUNTY PUBLIC SERVICE BOARD
P.O BOX 49 – 90300, MAKUENI Tel No.:0115-105 310
Email:cpsb@makueni.go.ke
Web:www.makuenipsb.go.ke



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 49-90300 MAKUENI, KENYA

1. Vacancy Applied For

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

Department..... Other

Counties/Institutions/Agency/.....

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 Ward:.....

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/ County/Other Public Institutions:..... 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)

Other Personal Details

Have you ever been convicted of any criminal offence or a subject of probation order? Yes No

If Yes, state nature of offence, the year and duration of conviction

Have you ever been dismissed or otherwise removed from employment? Yes No

If Yes, State reason (s) for dismissal/removal.....effective date.....
(dd-mm-yyyy)

6. (Declaring the above information will not necessarily debar an applicant from employment in the Public Service. Each case will be considered on its own merit)

Year		University/ College	Award/Attainment (e.g. Masters, Bachelors, Degree, Diploma)	Course/Programme (e.g. PhD, MSc, BA, Diploma)	Specialization/Subject	Class/Grade
From	To					

7 Professional/Technical Qualifications/Certifications Relevant to the post. (Starting with the Highest)

Year		Institution	Award/Attainment (e.g. Higher Diploma, Diploma, Certificate)	Specialization/Subject (e. g Human Resource, Engineering, Counselling e.t.c)	Classification
From	To				

8. Courses and Training attended Lasting not Less than One (1) Week

Year	University/College/Institution	Name of Course	Duration

KENYA SECONDARY SCHOOL CERTIFICATE

From	To	School Name	MEAN SCORE	ENTER SPECIFIC SUBJECT SCORE SEPARATED WITH A COMMA,i.e Eng.A, Bio B+,

9. Current Registration/Membership to Professional Bodies/Practicing Licence

Professional Body	Membership/Registration No.	Membership type (e.g. Associate, Full etc)	Date of Registration/Renewal	Date of of Expiry

10. Employment Details - where applicable (starting with the current or most recent)

Year		Designation/ Position	Job Group/Grade /Scale	Gross Monthly Salary (Ksh.)	County Department/ Institution/ Organization
From (dd-mm-yyyy)	To (dd-mm-yyyy)				

11. Briefly state your current duties, responsibilities and assignments (if any)

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12. Please give details of your abilities, skills and experience which you consider relevant to the position applied for. This information may include an outline of your most recent achievements and your reasons for applying for this post.

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13. 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:.....

14. 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