

REPUBLIC OF KENYA COUNTY ASSEMBLY OF KWALE THIRD ASSEMBLY- FIRST SESSION

APPLICATION FORM FOR THE POSITION OF COUNTY ASSEMBLY CLERK

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Clerk, Kwale County Assembly, Office of the Clerk, County Assembly Buildings, P.O. BOX 231 - 80403, KWALE, KENYA. (Attach copies of Identity Card, certificates and testimonials).

certificates and testimoniais).			
1. Vacancy Applied For				
Vacancy/Post:				
2. Personal Details of the App	licant			
Name:(Surname)	(First Name)	(Other Name(s):		Mrs./Miss/Ms./Rev)
Date of Birth(dd-mm-yyyy)	ID No:	PIN.NO	Gender: Male	Female
NationalityEthr	nicity			
Home County				
Sub County		 .		
Postal Address	Code:	Town/City:		
Telephone No:	Mobile No:	E-mail address:		
Name of alternative contact perso	on:	Telephone No		
Physical Address:				
Are you living with a disability?	Yes No			
If yes, give;				
(i) Details/Nature of Disability:				
(ii) Details of Registration with the	e National Council for People	with Disabilities (Registration No.	and date)	
3. Other Personal Details				
Have you ever been convicted of	f any criminal offence or a sul	bject of probation order? Yes	No	
If Yes, state nature of offence, the	year and duration of convict	ion		
Have you ever been dismissed or	r otherwise removed from en	nployment? Yes	No	
If Yes, State reason (s) for dismiss	sal/removal	effec	tive date	

(Ad-mm-yyyy)
(All the above information with the considered on its own merit)
(Ad-mm-yyyy)



Ye		University/ High School	Award/Attainment (e.g. Masters, Bachelors, Degree, KCSE)	Course (e.g. Pl O'Leve	e/Programme hD, MSc, BA, el)	Specializ (e. g. Ec Sociolog	cation/Subject on, Maths, gy e.t.c)	Class/Grad
From	То							
Current F	Pagistratio	on/Membership to Pr	ofessional Bodies					
	egisti ati	on/membersing to the	oressional bodies					
rofessiona	l Body	Membership	o/Registration No.		Membership ty Associate, F	/pe (e.g. ull etc)	Date	of Renewal
Relevant	Courses a	and Training attended	d Lasting not Less th	an One (1) Week			
							Date	
		and Training attended		an One (Details	and duration
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Relevant 'ear							Details	s and duration

Year		Designation/ Position	Job Group/Grade /Scale Gross Monthly Salary (Ksh.)	Ministry/State Department/ Institution/ Organization	
From	То				
(dd-mm-yyyy)	(dd-mm-yyyy)				
certify that the		en on this form are correct and undion.	lerstand that any incorrect /	misleading information may lead	
certify that the isqualification	e particulars give and/or legal act	en on this form are correct and und		misleading information may lead	
certify that the	e particulars give and/or legal act	ion.			
certify that the disqualification Date:	e particulars give and/or legal act (dd-mm-yyyy)	ion.	Signature of		
certify that the lisqualification Date:	e particulars give and/or legal act (dd-mm-yyyy) MENTS TO ACCO	OMPANY APPLICATIONS Companied by the following doc	Signature of uments:		
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Date: NB: THE DOCU The application 1. A cert 2. Certifi	e particulars give and/or legal act (dd-mm-yyyy) MENTS TO ACCO In MUST be acco ified copy of the	ompany APPLICATIONS companied by the following docume National Identity Card or Passine Academic Certificates and other	Signature of uments: sport; her Certificate in support	the Applicant of the application;	
Certify that the disqualification Date:	e particulars give and/or legal act (dd-mm-yyyy) MENTS TO ACCO In MUST be acco ified copy of the ed Copies of the	OMPANY APPLICATIONS Companied by the following documents and the companied or Pass	Signature of uments: sport; her Certificate in support Revenue Authority (KRA);*	of the application;	
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 ${\rm Our}\,E\text{-mail:}\,\underline{\mathsf{info@Kwaleassembly.go.ke}}\,\,\,\mathsf{website:}\,\,\underline{\mathsf{www.Kwaleassembly.go.ke}}$