



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).

1. Vacancy Applied For

Vacancy/Post:

2. Personal Details of the Applicant

Name: Title.....
(Surname) (First Name) (Other Name(s): (Prof/Dr/Mir/Mrs./Miss/Ms./Rev)

Date of Birth..... ID No:..... PIN.NO. Gender: Male Female
(dd-mm-yyyy)

Nationality..... Ethnicity

Home County.....

Sub County

Postal Address..... Code:.....Town/City:.....

Telephone No:.....Mobile No:.....E-mail address:.....

Name of alternative contact person:..... 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 National Council for People with Disabilities (Registration No. and date)

3. 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)

(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)

4 Academic Qualifications. (Starting with the Highest)

Year		University/ High School	Award/Attainment (e.g. Masters, Bachelors, Degree, KCSE)	Course/Programme (e.g. PhD, MSc, BA, O'Level)	Specialization/Subject (e. g. Econ, Maths, Sociology e.t.c)	Class/Grade
From	To					

5 Current Registration/Membership to Professional Bodies

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

6 Relevant Courses and Training attended Lasting not Less than One (1) Week

Year	University/College/Institution	Name of Course	Details and duration

