

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

## APPLICATION FORM FOR THE POSITION OF PRINCIPAL FINANCE OFFICER

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 App	plied For						
Vacancy/Post:							
2. Personal D	etails of the Ap	plicant					
Name:	(Surname)	(First Name)		Other Name(s):		/Dr/Mir/Mrs./N	
Date of Birth	(dd-mm-yyyy)	ID No:	PIN.N	0	Gender: M	lale I	Female
Nationality	Eth	nnicity					
Home County							
Sub County							
Postal Address.		Code:		Town/City:			
Telephone No:.		.Mobile No:	E-mail addre	ss:			
Name of alterna	ative contact pers	on:	Tele	ohone No			
Physical Addres	SS:						
Are you living v	with a disability?	Yes No					
If yes, give;							
(i) Details/Na	ture of Disability:						
(ii) Details of Re	egistration with th	ne National Council for Peop	ole with Disabiliti	es (Registration No	o. and date)		
3. Other Perso	onal Details						
Have you ever	been convicted of	of any criminal offence or a	subject of probat	ion order? Yes	N	No	
		e year and duration of conv					
		or otherwise removed from		Yes	No		
If Yes, State rea	ason (s) for dismi	ssal/removal		eff		dd-mm-\^^\	

(Declaring the above information will not necessarily debar an applicant from employment in the Public Service. Each case will be Constitute to the Public Service website: www.Kwaleassembly.go.ke

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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 ${\rm Our}\,E\text{-mail:}\,\underline{\mathsf{info@Kwaleassembly.go.ke}}\,\,\,\mathsf{website:}\,\,\underline{\mathsf{www.Kwaleassembly.go.ke}}$