

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

APPLICATION FORM FOR THE POSITION OF DIRECTOR SUPPLY CHAIN MANAGEMENT

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 Ap	oplied For					
Vacancy/Post:						
2. Personal	Details of the Ap	plicant				
Name:	(Surname)	(First Name)		Other Name(s):		/Mrs./Miss/Ms./Rev)
Date of Birth	(dd-mm-yyyy)	ID No:	PIN.N	0	Gender: Male	Female
Nationality	Et	nnicity				
Home County						
Sub County .						
Postal Address	S	Code:		Town/City:		
Telephone No	·	Mobile No:	E-mail addre	ss:		
Name of alter	native contact per	son:	Tele	ohone No		
Physical Addre	ess:					
Are you living	with a disability?	Yes No				
If yes, give;						
(i) Details/N	ature of Disability:					
(ii) Details of F	Registration with t	ne National Council for Peop	ole with Disabiliti	es (Registration No	o. and date)	
3. Other Per	sonal Details					
Have you eve	er been convicted	of any criminal offence or a	subject of probat	ion order? Yes	No	
		ne year and duration of conv				
		or otherwise removed from		Yes	No	
If Yes, State re	eason (s) for dismi	ssal/removal		eff	ective date(dd-mm	

(Declaring the above information will not necessarily debar an applicant from employment in the Public Service. Each case will be Constitution with 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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 ${\rm Our}\,E\text{-mail:}\,\underline{\mathsf{info@Kwaleassembly.go.ke}}\,\,\,\mathsf{website:}\,\,\underline{\mathsf{www.Kwaleassembly.go.ke}}$