



APPLICATION FORM FOR EMPLOYMENT

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Auditor - General, using the email address provided. (Attach copies of certificates and testimonials as indicated in each case).

1. Vacancy Applied For

Vacancy/Post:Grade.....

Advertisement No.....

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 CountyConstituency:

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. Next of Kin

1) Name.....Address.....

Tel. No.....Relationship.....

2) Name.....Address.....
Tel.No.....Relationship.....

4. Other Personal Details

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

If Yes, state the 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 Office of the Auditor - General. Each case will be considered on its own merit)

5. Academic Qualifications. (Starting with the Highest) Attach copies of certificates

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					

6. Professional/Technical Qualifications/Certifications Relevant to the post. (Starting with the Highest) Attach copies of certificates

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

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

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

8. Current Registration/Membership to Professional Bodies

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

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

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

[illegible]

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

This image shows a blank sheet of white paper designed for handwriting practice. It features ten horizontal rows. Each row is defined by three lines: a solid black line at the top, a dashed black line in the middle, and another solid black line at the bottom. The first row is positioned near the top edge of the page, and the tenth row is near the bottom edge. The margins are consistent on all sides.

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.

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)

.....
Signature of the Applicant