****

Telephone: +254(0)204022000 Lion Place, 1st & 4th Floor

Mobile: 0772281357 Off Waiyaki Way

Email: [info@orpp.or.ke](mailto:info@orpp.or.ke) P.O Box 1131-00606

Website: www.orpp.or.ke Sarit Centre, Nairobi.

When replying please quote

JOB APPLICATION FORM

* *Please fill* ***two copies*** *of this form in neat* ***BLOCK*** *letters*
* *Do not leave any section blank, sections that do not apply should be marked N/A*
* *Submit dully completed form to the Office of the Registrar of Political Parties*

**SECTION 1: PERSONAL DETAILS**

1: Vacancy Applied For Vacancy/Post………………………………………………………....Vacancy 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 County:…………………..Constituency:……………………. Postal Address:……………….

Code:………… …Town/City:………………............... Telephone No……………………………

Mobile No…………………… Email Address:………………………………………

Are you living with Disability? Yes No If Yes, give :

1. Details/ Nature of disability………………………………………………………………
2. Details of Registration with the National Council for People with Disabilities (Registration No. and date)…………………………………………………………………

3: Alternative Contact Person

Name:………………………………. Mobile No………… Relationship:……………………......

Physical Address:…………………Email Address:………………………………………………..

**SECTION 2: EDUCATIONAL BACKGROUND (STARTING WITH THE HIGHEST) QUALIFICATION)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School/College/University** | **Duration** | | **Award/Attainment Degree/Dip/Cert** | **Course Undertaken** | **Grade Attained** |
|  | **From** | **To** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SECTION 3: EMPLOYMENT HISTORY (STARTING FROM THE MOST RECENT)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer’s Name** | **Duration** | | **Position Held** | **Monthly Gross**  **Salary** |
|  | **From** | **To** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SECTION 4: DISCIPLINARY**

Tick on the box provided where applicable

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)

Do you have any criminal charges pending and/or awaiting hearing in court? Yes No Have you ever been convicted of any criminal offence? Yes No

If yes, please tabulate in the table below:

|  |  |  |
| --- | --- | --- |
| **Offence** | **Year of Conviction** | **Detail of confinement/Imprisonment** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 5: MEDICAL HISTORY**

Do you have an injury, psychological or medical condition, disease or infection or any other disability, which may affect your ability to perform the duties of the position satisfactorily?

Yes No

If yes, please provide details and describe any facilities, technical aids, equipment or adaptations to the workplace that you would require to satisfactorily carry out the duties of this position.

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………..

SECTION 6: REFEREES (PEOPLE WHO HAVE INTERACTED WITH YOU PROFESSIONALLY)

1. Full Names……………………………………………..Occupation…………………………….

Mobile No……………………………. Physical Address:…………………… Postal Code:………………

Town/City………………………… Email Address:………………………………………………………...

Period for which the referee has known you…………………………………………………………………

2. Full Names……………………………………………..Occupation…………………………….

Mobile No……………………………. Physical Address:…………………… Postal Code:………………

Town/City………………………… Email Address:………………………………………………………...

Period for which the referee has known you…………………………………………………………………

3. Full Names……………………………………………..Occupation…………………………….

Mobile No……………………………. Physical Address:…………………… Postal Code:………………

Town/City………………………… Email Address:………………………………………………………...

Period for which the referee has known you…………………………………………………………………

SECTION 7: ADDITIONAL INFORMATION

Indicate the language(s) you are proficient in …………………………………………………..….………..

Please give details of your abilities, skills and experience which you consider are relevant to the position applied for. The information may include an outline of your most recent achievements and your reasons for applying:

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

**SECTION 8: 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)