

REF: F-93-1-6

EMPLOYMENT APPLICATION FORM

GENERAL INSTRUCTIONS

This form contains 8(eight) parts from A to H and applicants are required to fill in all the parts clearly and accurately. If the spaces provided are inadequate, you can use a separate sheet and attach to the form. You are also required to attach copies of your national identity card/Passport, academic and professional Certificates.

PART A: PERSONAL DETAILS

1. Surname:Middle nameOther name
2. (i) Sex :(ii) Date of Birth: (dd/mm/yyyy)
3. Nationality
4. Ethnicity:
5. Disability Status (where applicable)Type of Disability
6. Religion:
7. County of Birth:
8. Current place of residence (County/town/village)
9. National ID/Passport No.:
PART B: CONTACT DETAILS
1. Postal Address:
2. Physical Address



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3. Cell Phone Number:	
4. Email Address:	•••••••••••••••••••••••••••••••••••••••
PART C: DETAILS ON VACANT POST	
1. Position Applied For:	
2. Reference number of the position	
3. Highest Academic Qualification	
4. Highest Professional Qualification:	
5. Membership to a Professional Body (if applicable)
6. Skills/Competencies Match:	
SKILLS/COMPTERENCIES (Pick from	DESCRIBE YOUR FIT
the job advert)	



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PART D: ACADEMIC AND PROFESSIONAL QUALIFICATIONS

State Schools and Colleges/institutions attended and indicate any professional/Educational/Technical qualifications obtained (Start with the most recent qualification.

a) ACADEMIC QUALIFICATIONS				
Name of the Institution (University/College/Sch ool	From (Year)	To (Year)	Qualifications Obtained (level, and Field) e.g BSc.~Statistics BSc. Math, IT etc	Grade e.g. □ 1 st Class □ Credit □ A plain etc
b) PROFESSIONAL/TECHN	ICAL QUA	ALIFICAT	IONS	
Name of the Institution	From	То	Qualifications	Grade e.g.
(University/College)	(Year)	(Year)	Obtained (Level, and	
			Field)e.g. □ CPA Part II~ Section 3	□ Distinction
			☐ Higher Diploma in Human Resource	□ Credit
			Management	□ Pass etc.
			□ Certificate in	
			Computer Packages etc.	

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resource mobilization skills etc.					

d) MEMBERSHIP TO PROFESSIONAL BODIES					
Name of Professional Body	Membership type	Membership Number			

PART E: EMPLOYMENT HISTORY

Give particulars of your employment history. (Start with the current position)

Name, full Address of and contact details of employer	Position held	Brief description of duties performed	From (Year)	To (Year)



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(Maximum $\frac{1}{2}$ a page) (In your own handwriting, apply for the position of your choice in the space provided)				

PART G: REFERENCES

Name	Position	Phone number/ Email Address	Employer	Relationship to you	Remarks



	BUREAU OF STATISTICS
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PART H: DECLARATION:	

I, (Name)	hereby
certify that:	
To the best of my knowledge, the particular	rs given on this form are correct.
Annlicant's Signature	Date

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