MCASB-1

REPUBLIC OF KENYA



COUNTY ASSEMBLY OF MANDERA

COUNTY ASSEMBLY SERVICE BOARD

APPLICATION FOR EMPLOYMENT FORM

Please complete this form in **BLOCK** letters as appropriate and submit to the Clerk/Secretary, Mandera County Assembly Service Board, P.O. BOX 408 - 70300 MANDERA, KENYA.

1. Vacancy Applied For				
Vacancy/Post:		Vacancy No:		
Department:		Section:		
2. Personal Details				
Name of applicant:			. Title	
Surname	First Name	Other Name(s):	(Prof/Di	/Mr/Mrs/Miss/Ms/Rev)
Date of Birth:		Gender: M	ſale[]	Female []
(dd-	mm-yyyy)			
Marital Status: Single[]	Married[]	Widowed[]	Divo	rced[]
Children (How many? If application	able)			
Nationality:	ID No/Passport No:	Emplo	yment/PNo:.	
TAX PIN	Address:	Pos	stal Code:	
Home County:	Home Ward:			Village:
Home District:	Division:	SubCoun	ty/Constituer	ncy:
Telephone:	Mobile:	E-mail add	dress:	
Alternative contact person:	Tel	ephone:		
3. Applicants in the Public Ser	rvice Only			
Ministry/Department/Other Pub	olic Institutions:		Station:	
Present Substantive Post:				
11000110 S 0000111111 S 1 0001111111		,		(dd-mm-yyyy)
Upgrading (if applicable) post:.		effective date:		
- · /•			(dd-m	m-yyyy)

Our e-mail: info@mandersassembly.go.ke

Terms of Service: Permanent []	Contract []	Temporary []	Provident []	Supernumerary []	
4. Applicants in Private/NGO/O	ther Sectors				
Current employer:	Position h	eld:	effectiv	e date:	•••
				(dd-mm-yyyy)	
Salary (monthly) Kshs					
5. Other Details					
Ethnicity:	Indicate the lan	iguage(s) you are p	roficient in		Do
you suffer from any disability? You	es [] No []]			
If yes give details:					
Have you ever been convicted of a	any criminal offer	nces or a subject of	probation order?	Yes [] No []	
Have you ever been dismissed or	otherwise remove	ed from employmer	nt? Yes [] No []	
If Yes, State reason (s) for dismiss	al/removal		effecti	ve date	
				(dd-mm-yyyy) Hav	re
you ever been interviewed by Cou	nty Assembly Se	rvice Board of MA	NDERA before?	Yes [] No []	
If Yes, State the Post:		Inter	view date:		
(Declaring the above information	will not necessa	rily debar an appli	cant from employ	ment in County Assembly	Service.
Each case will be considered on i	ts own merit)				
			6.		
A and amin/Drafaggional/Tashnisa	1 Qualifications	(Stauting with the	IIiah oat)		

Academic/Professional/Technical Qualifications (Starting with the Highest)

Ye	ar	University/College/ Institution/School	Award/Attainment (e.g Degree, Diploma, Certificate)	Courses (e.g PhD, Msc, BA)	Subject (Econ,Maths e.t.c)	Class/Grade
From	To				l.	

	Our e-mail: info@mandersassembly.go.ke				
	7,00				
					
7. Other Relevan	nt Courses and Training/Registra	tion/Membership to Profession	nal Bodies/Institution		
	l				
Year	Institution/College	Courses	Details		

8. Employment Details (Starting with the most recent)

Month/Year		Employer's Name	Position/Rank/Designation	Job Group/Gross Monthly Salary (Kshs.)
From	To			

Our e-mail: info@mandersassembly.go.ke

LL			1	
9. Briefly state	e your current	duties, responsibilities and assig	gnments	
10 Dlass	a airra dataila	afrona chilitica abilla and aven	miamaa wiki ah waxa aamai dan ama malay	rant to the mosition annied
			rience which you consider are relevereent achievements and your reasons.	
Personal Refe	. wow oos			
		persons should not be used unle	ss they really know you well; the na	mes of relatives or of those
			ames of members or staff of the Cou	unty Assembly Service Board
<u>of MANDERA</u>	snouia aiso n	ot be usea.		
1. Full				
Name:				
Telephone No:		E-m	ail address:	
Occupation:				
Period for whi	ch he/she has	known you:		
5 E II				
2. Full				
_			nail address:	
_				
reriod for whi	cn ne/sne has	KIIOWII YOU:		••••••
Declaration:				

4 of 5

Our e-mail: info@mandersassembly.go.ke

I hereby certify to the best of my knowledge	e that the particulars given on this form are correct and I understand that any
incorrect information may lead to disqualifi	cation and/or legal action.
Date:	
(dd-mm-yyyy)	Signature of the Applicant