



**NATIONAL COUNCIL FOR PERSONS WITH
DISABILITIES**

APPLICATION FOR EMPLOYMENT FORM

Please download and complete all sections of this form as appropriate in **BLOCK** letters and post or deliver at our offices on Waiyaki Way, Westlands opposite ABC Place P. O. Box 66577 - 00800 Nairobi. Please attach copies of certificates and testimonials. (No application will be processed without a dully completed form)

1. Vacancy Applied For

Position:.....

NCPWD Job Grade:.....

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:..... KRA PIN. NO. Gender: Male Female
(dd-mm-yyyy)

Nationality:..... Ethnicity Home County:.....

Sub County Constituency:.....

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. Applicants in the National Council for Persons with Disabilities only

Department:..... Station:.....

Personal/Employment No:..... Present Substantive Post:.....

Job group/Scale/Grade:..... Date of Current Appointment (dd-mm-yyyy).....

Upgraded post (where applicable):..... effective date of previous appointment:.....
(dd-mm-yyyy)

On Secondment (where applicable):

Organisation:..... Designation:..... Job Group/Grade:.....

Terms of Service: Permanent & Pensionable Contract Other, Please specify:

4. All other Applicants

Current Registration/Membership to Professional Bodies

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

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

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

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

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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.

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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:.....

3. Full Name:.....
Occupation:.....
Address:..... Post Code:.....City/Town:

Mobile No:..... E-mail address:.....
Period for which the referee has known you:.....

13. 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)

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Signature of the Applicant