



**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

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Position:………………..……………………........................................................................................................................

NCPWD Job Grade:………………....................................................................................................................................................

# 2. Personal Details of the Applicant

Name: ……………………………….….....………..………….…..……..… ……………………………… ...... Title:……………………

(Surname) First Name

Date of Birth.............................................. ID No:………………………….

(dd-mm-yyyy)

Other Name(s): (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

KRA PIN. NO. …..............................Gender: Male Female

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):

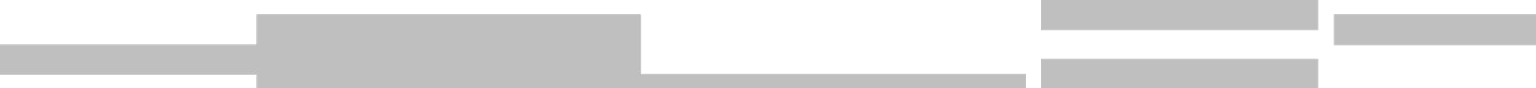
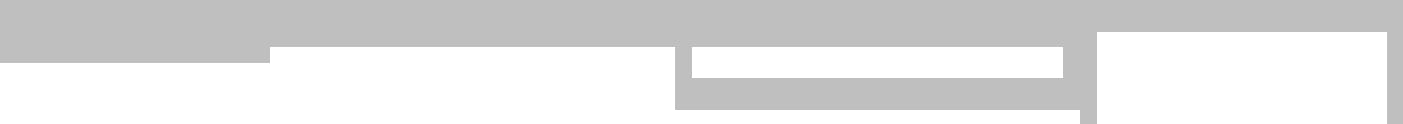
Organisation:....................................................... Designation:............................................. Job Group/Grade:..........

Other, Please specify:

Terms of Service: Permanent & Pensionable Contract

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# 4. All other Applicants



# 5. Other Personal Details

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

If Yes, state nature of offence, the year and duration of conviction ......................................................................................................................

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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 Public Service. Each case will be considered on its own merit)***

# ademic Qualifications. (Starting with the Highest)

**Award/Attainment Course/Programme Specialization/Subject**

**Year**

**University/ (e.g. Masters,**

**(e.g. PhD, MSc, BA, (e. g Econ, Maths, Socialogy**

**Class/Grade**

**From To**

**High School Bachelors, Degree,**

**Professional/Technical Qualifications/Certifications Relevant to the post. (Starting from the highest)**

**Year Award/Attainment Specialization/Subject**

**Institution (e.g. Higher Diploma, Diploma,**

**From To Certificate)**

**(e. g Human Resource,**

**Engineering, Counselling**

**Class/Grade**

1. **g with the Highest)**

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

**Year University/College/Institution Name Of course Details and duration**



**Current Registration/Membership to Professional Bodies**

**Membership/Registration No.**

**Professional Body**

**Membership type (e.g.**

**Associate, Full etc)**

**Date of Renewal**



**10**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  |  | **Job Group/Grade**  **/Scale**  **Gross Monthly Salary** |  | **Ministry/State Department/ Institution/ Organization** |
|  | **Year** | |  | **Designation/ Position** |  |
|  |  |  |  |
|  |  |  | |  | **(Ksh.)** | |  |
| **From (dd-mm- yyyy)** |  |  | **To (dd-mm-**  **yyyy)** |  |  | |  |  |
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1. Briefly state your current duties, responsibilities and assignments (if any)

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1. 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) Signature of the Applicant

Our Tel: +254-709107100, +254 - 709107000, E-mail: [info@ncpwd.go.ke](mailto:info@ncpwd.go.ke) , Website: [www.ncpwd.go.ke](http://www.ncpwd.go.ke)