

NATIONAL RESEARCH FUND

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in BLOCK letters and submit to the CEO, National Research Fund, P.O.BOX 26036 - 00100 NAIROBI, KENYA, or send via recruitment@nrf.go.ke

1. Vacancy Applied I	For		
Vacancy/Post:			Vacancy No:
2. Personal Details of	f the Applicant		
2. I ersonal Details of	t the Applicant		
			Title:
(Surname)	First Name	Other Name(s):	(Prof/Dr/Mr/Mrs/Miss/Ms/Rev)
Date of Birth(dd-mm-yyy		PIN.NO:	Gender: Male Female
Nationality	Ethnicity:		
Sub County		Constitu	ency:
Postal Address		Code:	Town/City:
Telephone No:	Mobile 1	No:	E-mail address:
Name of alternative contact	ct person:	. Telephone No:	
Are you living with a disa	bility? Yes □ No □		
If yes, give;			
(i) Details/Nature of Disab	pility		
(ii) Details of Registration	with the National Council for	People with Disabilities (Regis	tration No. and date)
3. Applicants in the I	Public Service only		
Ministry/State Department	t/ County/Other Public Institu	tions:	Station:
Personal/Employment No:	:	Present Substan	tive Post:
Job group/Scale/Grade:		Date of Current A	ppointment(dd-mm-yyyy)
Upgraded post (where app	olicable):	effective date of	appointment:
On Secondment (where ap	oplicable): Organisation	Des	(dd-mm-yyyy) signation:Job Group/Grade:
Terms of Service: Perman	ent & Pensionable□ Contract	□Other, Please specify	
4. All other Applican	nts in Private/NGO/Other	Sectors (Indicate N/A when	e its not applicable)
Current employer (where	applicable):		Position held:
Effective date:			Gross Salary (monthly) Ksh
	(dd mm ywwy)		

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								
Have you eve	er been dism	iissed or otherwise removed	l from empl	lovment?	Yes No	1		
-		for dismissal/removal	_	-			ativa data	
ii ies, state	reason (s)	Tor dismissar/temovar	• • • • • • • • • • • • • • • • • • • •				ctive date.	(dd-mm-yyyy)
		formation will not necessar	rily debar d	an applicant	t from employment in the	Public Service. Ed	ch case wi	ll be considered
on its own m								
6 Academic	: Qualifica	tions. (Starting with the	e Highest))				
			I . 7/4					
Ve	Year University/		Award/Attainment (e.g. Masters,		Course/Programme (e.g. PhD, MSc, BA,	Specialization/Subject (e. g Econ, Maths,		Class/Grade
	····	High School	Bachelor KCSE)	rs, Degree,	O'Level)	Sociology e.t.		
From	То							
7 Profession	aal/Tachni	cal Qualifications/Cert	ifications	Polovant	to the post (Starting v	vith the Highest)		
		cai Quaimeations/Cert.	incations	Kelevalit	to the post. (Starting w			
					Attainment her Diploma, Diploma, Specialization/Subject (e. g Human Resource, Class/Gra			
From	То	Institution		(e.g. Higher Diploma, Diploma, Certificate)		Engineering, Counselling e.t.c)		Class/Glade
8 Relevant Courses and Training attended Lasting not Less than One (1) Week								
Year	Univers	University/College/Institution			Name of Course	Details and duration		

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rofessional	Body		Membership/Registration No.		Associate, Full etc)		
Employm	ent Detai	ls - whe	re applicable (starting with the	current o	or most recent)		
					roup/Grade		
Ye	ar		Designation/ Position	/Scale		Minis	stry/State Department/
				(Ksh.)	Monthly Salary	Instit	tution/ Organization
From	To			(=====)			
(dd-mm- yyyy)	(dd-m yyyy						
JJJJ) -	3333						
Briefly state	e your curr	ent duties	, responsibilities and assignments (i	f any)			
•	•			• •			
••••••							
*****************	•••••						
	•••••	•••••				•••••	
2. 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 mos	t recent a	chievements and your reasons for a	pplying for	r this post.		
						• • • • • • • • •	
	•••••	•••••				•••••	
	••••						

Referees (people who have interacte	d with you professionally)	
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:		
13. Declaration		
I certify that the particulars given on this form a and/or legal action.	are correct and understand that any incorre	ct /misleading information may lead to disqualification
Date:(dd-mm-yyyy)	Signature of the A	