Please fill the form with all Information Requested before Signing



ANNEX HR-3.3 APPLICATION FOR EMPLOYMENT

Please Complete Pages 1-3		Date		
Name:				
Present Address	Postal Code	City/Town		
NSSF NosNHIF Nos	Personal	Identification Number (PIN)		
Position Applied for:	When Available for Work?			
Salary Desired Per-month:				
Do you have any dependent spouse and/or chil	dren? Yes No			
If the answer is yes, what is their residential location?				

EDUCATION RECORD

Name of School	Type of School	Years At	tended	Certificates or Diplomas Obtained		
		From	то:			

List any office machines, equipment and computer programmes you use.

EMPLOYMENT RECORD: Beginning with your most recent job, list every employment you have had.

Name of employer	Name of last Supervisor
Type of Business	Exact Title of your Post
Address/City/Town	Employment Dates From:
	то:
Phone number	Salary Start
	Final

the jobs company:	duties	performed,	skills	used or	learned,	advancements	or p	promotions	while	you	worked	at

Name of employer	Name of last Supervisor	
Type of Business	Exact Title of your Post	
Address/City/Town	Employment Dates From:	
	то:	
Phone number	Salary Start	
	Final	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of employer	Name of last Supervisor		
Type of Business	Exact Title of your Post		
Address/City/Town	Employment Dates From:		
	То:		
Phone number	Salary Start		
	Final		

List the jobs you held, duties performed, ski this company:	lls used or learned, advancements or promotions while you worked at
May we contact your present employer?	Yes No
Have you ever been convicted of a crime?	Yes No
If yes, explain nature of offense(s) leading	to conviction(s), When it happened and if sentence(s) was/were imposed.
Have you ever been accused of Child related and sexual exploitation offences? If yes, explain nature of offense(s) accused	Yes No

I certify that the answers to the questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on this form or other documents requested by CISP renders a staff member to a summary dismissal.

NB: You will be requested to supply documentary evidence which support the statements you made above.

DATE: (DD/MM/YYYY

SIGNATURE: