



NATIONAL RESEARCH FUND

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in BLOCK letters and submit to the Director, National Research Fund, P.O.BOX 26306, 00100 NAIROBI, KENYA, or apply On-line via the Website: www.researchfund.go.ke

1. Vacancy Applied For

Vacancy/Post: Vacancy No:

Department.....Division.....

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..... 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 Public Service only

Ministry/State Department/ County/Other Public Institutions:..... 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 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 employer (where applicable):..... Position held:.....

Effective date: Gross Salary (monthly) Ksh.....

(dd-mm-yyyy)

Referees (people who have interacted 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 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