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**THE KENYA NATIONAL EXAMINATIONS COUNCIL**

**APPLICATION FOR EMPLOYMENT FORM  
EXTERNAL APPLICANTS**

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the **Chief Executive Officer, The Kenya National Examinations Council, P.O.BOX 73598-00200, NAIROBI – KENYA.** (Please attach duly certified copies of certificates and testimonials).

**1. Vacancy Applied for:**

Vacancy/Post/Title:.....Vacancy No:.....

**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) (attach a copy of ID and PIN Certificate)

Nationality:..... Ethnicity .....

Home County:..... Sub County:..... Constituency:.....

Postal Address:..... Code:..... Town/City: .....

Telephone/ Mobile No:..... E-mail address:.....

Name of alternative contact person/Next of Kin:.....

Telephone/Mobile No:..... Relationship to the next of Kin:.....

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 Living with Disabilities (Registration No. and date).....

Current Gross Salary (Monthly) **Kshs:**.....

(attach your most current payslip)

**3. Applicants in the Public Service/Government Sector only (Indicate N/A where it's not applicable)**

Ministry/State Department/ County/Other Public Institutions:.....

Your current work Station:.....

Personal/Employment No:..... Designation:.....

Job group/Scale/Grade:..... Date of Current Appointment:.....

(dd-mm-yyyy)

State whether you are on Secondment (where applicable):

Name of the organisation:.....Designation:.....

Job group/Scale /Grade:.....

Terms of Service: Permanent & Pensionable  Contract

Other, Please specify:.....

**4. All other Applicants in Private/NGO/Other Sectors (Indicate N/A where its not applicable)**

Name of Current employer (where applicable):.....

Position held:.....Date of appointment:.....  
(dd-mm-yyyy)

**5. Other Personal Details**

Indicate the language(s) you are proficient in.....

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 ever been dismissed or otherwise removed from employment? No  Yes

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 Kenya National Examinations Council. Each case will be considered on its own merit)***

Have you ever been interviewed for a position in KNEC before? Yes  No

If yes state the post.....Interview date.....  
(dd-mm-yyyy)

**6. Academic Qualifications (Starting with the highest)**

Year		University/ High School	Qualification attained/awarde d (e.g Masters, Bachelors, Degree, KCSE)	Course/Programm e (e.g PhD, Msc, BA, O'Level)	Specialization /Subject (e.g Econ, Maths, Sociology,HRM,Fi nance)	Grade /Class obtained
From	To					

**7. Professional/Technical Qualifications/Certificates relevant to the post.(Starting with the highest)**

Year		Institution	Award/Attainment (e.g Higher Diploma, Diploma, Certificate)	Specialization/Subject (e.g Human Resources, Engineering, Counseling e.t.c)	Grade/Class
From	To				





Period for which the referee has known you:.....

**ii) 2<sup>nd</sup> Referee**

Full name:.....

Occupation:.....

Postal address:.....Post Code:.....City/Town:.....

Mobile No:.....Email address:.....

Period for which the referee has known you:.....

**iii) 3<sup>rd</sup> Referee**

Full name:.....

Occupation:.....

Postal address:.....Post Code:.....City/Town:.....

Mobile No:.....Email address:.....

Period for which the referee has known you:.....

**14. Declaration**

I hereby certify to the best of my knowledge that the particulars given on this form are correct and I understand that any incorrect /misleading information may lead to disqualification and/or legal action:

Date:.....

*dd-mm-yy*

.....

*Signature of the applicant*

\*\*\*\*\*END\*\*\*\*\*