FORM 1J

REPUBLIC OF KENYA



PARLIAMENTARY SERVICE COMMISSION

JOB APPLICATION FORM (FORM 1J)

(NOMINATION TO THE SALARIES AND REMUNERATION COMMISSION)

Before completing this form, please read the following notes-

- (a) Please make sure you have completed all sections of this document. It is an offence to willfully give false information on this form. Do not apply for any position unless you possess all the qualifications given in the advertisement.
- (b) Please do not apply for any position unless you possess all the qualifications given in the job advertisement.
- (c) Do not enclose originals of your testimonials or certificates, instead send certified copies if required. No responsibility can be accepted by the Parliamentary Service Commission for the custody of original documents, unless a specific request has been made for their production.
- (d) If you are invited to an interview, please bring the originals of your testimonials and certificates with you, including your national Identity Card, but make sure that they are returned to you before you leave the interview room.
- (e) If the space provided in any of the sections is insufficient, please attach a separate sheet and indicate accordingly.

PRELIMINARY

VACANCY NO.:	
DATE ADVERTISED:	
SECTION	I - BIO-DATA
SECTION	<u>I - BIO-DATA</u>
1. Name of applicant:	Title:
	(e.g. Prof/Dr/Mr/Mrs/Miss/Ms/Rev)
2. Date of Birth: Pl	ace of Birth(County)
(dd-mm-yyyy)	
3. Gender: Male \Box Female \Box	
4 Nationality ID/	Passport No.
4. Nationality ID/	
5. Indicate the nature of your citizenship (<i>bin</i>	th/registration/naturalization)
6. CountyConstituency	Ward
7. Postal Address: Postal Code:	Town:
8 Telephone: Mobile	E-mail:
9. Alternative contact person:	Telephone:
10. Indicate all languages you can read, write	and speak proficiently.
11. What is your current employment/occupat	ion (if any)?
11. What is your current employment/occupat	
Job Title/Position/Designation:	
Name and address of Employer:	
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13. Do you suffer from any impairment / disability?No □ Yes □
If 'Yes', please give details and attach certificate from the National Council for Persons With Disabilities
14. If your application is successful, when would you be available to take up this position?
SECTION II - ACADEMIC/PROFESSIONAL/TECHNICAL QUALIFICATIONS
SECTION II - REIDEMICH KOTESSIONAL/TECHNICIAE (CHAIIFICATIONS
15. List your Academic/Professional/Technical qualifications for Courses and Training attended (starting with the highest)
(a) Qualification (Degree, Diploma or Certificate)
\mathcal{O}
Level (Doctorate, Masters, Bachelors, etc.)
Class (if any) (First Class, Upper Second, Lower Second, etc.)
Class (II ally) (I list class, Opper Second, Lower Second, etc.)
Year obtained.
Awarding Institution/ College/University/School
(b) Qualification (Degree, Diploma or Certificate)
Level (Doctorate, Masters, Bachelors, etc.)
Class (if any) (First Class, Upper Second, Lower Second, etc.)
Pear obtained.

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(c) Qualification (Degree, Di	ploma or Certificate)	
		C
Level (Doctorate, Masters, F		
Class (if any) (First Class, U	pper Second, Lower Second	
Year obtained.		\mathcal{O}
Awarding Institution/ Colleg	ge/University/School	R
16. List other courses you	have attended in the last fir	ve (5) years.
Course attended	Year attended	Institution
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17. Briefly explain how you	r qualifications/experience r	

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18. Are you a member of any professional body? If Yes, Indicate your membership status to professional bodies. Provide Professional Registration/Membership details (Year Registered; registering body) e.g. Full member Membership No. 20; 1993; Law Society of Kenya.

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19. Give details of your employment history starting with current employment

	Job title /Rank (start with current)		Period (From – To)	Summary of Main duties/responsibilities
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SECTION III - SPECIAL SKILLS/OUTSTANDING ACHIEVEMENTS

20. Do you possess any special or outstanding skills as described above? No \Box Yes \Box

If yes, please give details/evidence. If the skills are in sports, please detail the level achieved. It is in your interest to be as clear and specific as possible. If necessary, attach copies of any relevant certificates.

SECTION IV - INTEGRITY

The Parliamentary Service Commission is required by law to facilitate appointment of persons of good character. The Commission is guided by the Constitution and other relevant laws in matters relating to public officers' character and integrity.

Please read the following guidelines carefully before completing this section.

- (a) It is essential that you answer all the following questions fully.
- (b) You are required to declare all matters whether or not these have been declared in a previous application or to any other body.
- (c) Where you have answered yes, please include any mitigating information you would like the Commission to take into account when considering your application.
- (d) If you are in any doubt, please include all relevant information. This is a continuing responsibility throughout the process for any matter that may arise, up to the point of appointment.
 - 21. Have you ever been convicted of or cautioned for any criminal offence in Kenya or elsewhere or are any criminal proceedings pending against you?



If yes, please give particulars of the case and the penalty (if any) for each such offence:

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..... (The fact that an applicant declares that he/she has been convicted of an offence will not necessarily bar him/her from consideration for nomination. Each case will be considered on its own merits having regard to the nature and the circumstances of the case). 22. Have you ever been dismissed or otherwise removed from any employment or any Board, Council, Trusteeship or any other engagement? No \Box Yes If yes, please provide details-23. Have you ever had an action brought against you for professional malpractice and/or negligence, without the matter being dismissed, or are any such proceedings pending against you? No \Box Yes \Box If yes, please provide details -Date(s) Details

- 24. In respect of any matter involving you personally or under your supervision, please provide details of any findings made or allegations pending, of professional misconduct brought against you by-
 - (a) Your client/any member of the public
 - (b) Your Professional Body
 - (c) Any other lawful authority or body

If yes, please provide details -

Date(s)	
Details	
	50

25. Is there any additional information which should be brought to the attention of Parliamentary Service Commission which might call into question your eligibility or suitability for this position?

No \Box Yes \Box

If yes, please provide details-

26. Give the names and addresses of three (3) referees. They should be responsible persons who know you well, either in private life or in business: and one at least should be well acquainted with you in private life. The names of distinguished persons should not be given unless they really know you well and they have consented. The names of relatives or of those from whom you send testimonials should not be given; nor should the names of Members of Parliament, members or staff of the Parliamentary Service Commission.

(a) Name	
Address	
Occupation	
Period during which he/she has known you	\sim
In what capacity has the person known you?	
(b) Name	
Address	
Occupation	2
Period during which he/she has known you	
In what capacity has the person known you?	
(c) Name	
Address	
Occupation	
Period during which he/she has known you	
In what capacity has the person known you?	

27. Are you related in any way to any Member of Parliament, member or staffer of the Parliamentary Service Commission? If so, please give details below:

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28. F	inal declaration
I decl	are that:
(i)	The information I have given on this application form is true to the best of my knowledge and belief;
(ii)	I have read and understood the notes at the beginning of the application form and guidelines under Section IV of the form;
(iii)	I understand that any incorrect information may lead to disqualification/legal action; and
(iv)	If I am completing this application form electronically, that the electronic signature I have
	provided is intended to be my signature.
Full N	Names of applicant:
~.	
	ature of applicant: Date: Date: