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Republic of Kenya  
 Lion Place, 1st Floor  
 Off Waiyaki Way  
 P.O. Box 1131-00606  
 Sarit Centre, Nairobi.

### JOB APPLICATION FORM

- Please fill 2 copies of this form in neat BLOCK letters
- Do not leave any section blank, sections that do not apply should be marked N/A
- Submit dully completed forms to the Office of the Registrar of Political Parties.

#### SECTION 1: PERSONAL DETAILS

##### 1. Vacancy Applied For

Vacancy/Post: .....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)

Nationality:.....Ethnicity ..... Home County:.....

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

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

Telephone No:..... Mobile No..... E-Mail address:.....

Are you living with 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)

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Alternate Contact person

Name ..... Relation: .....

Physical Address:..... Mobile Number: .....

Email Address: .....

SECTION 2: EDUCATIONAL BACKGROUND (starting with the highest Qualification)					
School/ College /University/ Institution e.t.c	Duration		Award / Attainment (Degree, diploma, certificate )	Course Undertaken	Grade Attained
	From	To			

SECTION 3: EMPLOYMENT HISTORY (starting from the most recent)				
Employer's name	Duration		Position Held	Monthly gross salary
	From	To		


**SECTION 4: DISCIPLINARY**

Tick on the box provided where applicable

Have you ever been dismissed or otherwise removed from employment?    Yes     No   

If Yes, State reason(s) for a dismissal/removal .....effective date.....  
(dd-mm-yyyy)

Do you have any criminal charges pending and/or awaiting hearing in court?

Yes     No   

Have you ever been convicted of any criminal offence?

Yes     No   

If yes, please tabulate in the table below:

Offence	Year of Conviction	Detail of confinement/Imprisonment



SECTION 5: MEDICAL HISTORY

Do you have an injury, psychological or medical condition, disease or infection or any other disability, which may affect your ability to perform the duties of the position satisfactorily?

Yes

No

If yes, please provide details and describe any facilities, technical aids, equipment or adaptations to the workplace that you would require to satisfactorily carry out the duties of this position.

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SECTION 6: REFEREES

13. Referees (people who have interacted with your professionally)

1. Full Name:.....Occupation:.....Physical Address:.....

Postal Code:.....City/Town.....MobileNo:.....

E-mail address:.....

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

2. Full Name:.....Occupation:.....Physical Address:.....

Postal Code:.....City/Town:.....Mobile No:.....

E-mail address:.....

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

3. Full Name:.....Occupation:.....Physical Address:.....

Postal Code:.....City/Town:.....Mobile No:.....

E-mail address:.....

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

SECTION 8: ADDITIONAL INFORMATION

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

Please give details of your abilities, skills and experience which you consider are relevant to the position applied for. The information may include an outline of your most recent achievements and your reasons for applying:

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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)

.....  
Signature of the Applicant