

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Director/CEO, Wildlife Research and Training Institute, P.O. BOX 842, 20117 NAIVASHA, KENYA, or apply **On-line** via the Institute's Website www.wrti.go.ke. All sections of this form must be completed in full and submitted together with attached complete curriculum vitae and copies of certificates and testimonials.

1. Vacancy Applied For				
•				
Vacancy/Post:				Job Ref No:
2. Personal Details of the Applica	nt			
Name: (Surname)	First Name		Other Name(s):	Title:(Prof/Dr/Mr/Mrs/Miss/Ms/Rev)
EST No.:Position		qs/Field Research (Employees only)	Centres	
Date of Birth(dd-mm-yyyy)	ID No:	PIN.No	Gender: Male	e Female Intersex
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 Nation	onal Council for Persons Liv	ving with Disabilitie	es (Registration No. and	l date)
3. Other Personal Details				
Have you ever been convicted of any cri	iminal offence or a subject o	of probation order?	Yes No	
If Yes, state nature of offence, the year a	and duration of conviction			
		·····	7	
Have you ever been dismissed or otherv	vise removed from employm	nent? Yes	No No	
If Yes, State reason (s) for dismissal/ren	noval			effective date
				(dd-mm-yyyy)
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merit)	 II J	 h case will be considered on its ow	
	2		

4. Academic Qualifications. (Starting with the Highest level)								
Y	ear	University/ High School	(e.g. Ma	Attainment sters, rs, Degree,	Course/Programme (e.g. PhD, MSc, BA, O'Level)	Specialization (e. g Econ, M Sociology e.t.	aths,	Class/Grade
From	То							
5. Professi	ional/Tech	nical Qualifications/Cei	tification	ıs Relevan	t to the post. (Starting	g with the Highes	st level)	
		·			•	3	<u> </u>	
From	ear To	Institution		Award/Attainment (e.g. Higher Diploma, l Certificate)		Specialization/Subject (e. g Human Resource, Engineering, Counselling e.t.c)		Class/Grade
	20					,		
	. ~	100				I		
6. Releva	nt Courses	and Training attended	1 Lasting	not Less t	han One (1) Week			
Year	Univers	ity/College/Institution			Name of Course		Details a	and duration

				Momborship type (a.c.	Data of Domoval	
Professional Body Membe		ship/Registration No.		Membership type (e.g. Associate, Full etc)	Date of Renewal	
mnlovment Deta	ils - where annlicah	le (starting with the cu	rrent or	most recent)		
Ye		Designation/		roup/Grade /Scale	Institution/ Organization	
10		Position	Gross	Monthly Salary (Ksh.)	Institution, Organization	
From	То					
dd-mm- yyyy)	(dd-mm- yyyy)					
			1			
Briefly state your cu	rrent duties, responsibi	lities and assignments (if	any)			
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		and experience which you ts and your reasons for ap			ed for. This information may inc	
an outline of your n	lost recent achievemen	is and your reasons for ap	prynig 10i	tilis post.		
•••••						

11. Referees (people who have interacted with y	ou 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:					
3. Full Name:					
Occupation:					
Address:	Post Code:	City/Town:			
Mobile No:	E-mail address:				
Period for which the referee has known you:					
12. 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.					
I certify that the particulars given on this form are correct and/or legal action.	et and understand that any incorre	ct/misleading information may lead to disqualification			
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and/or legal action. Date:					
and/or legal action. Date:					
and/or legal action. Date:					

11. Referees (people who have interacted with you profession	nally)	
Our Tel: +254- 700 000 321/ +254 731 919 465. E-mail: <u>wrti.go.ke</u>		
	6	