

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 send via email to recruitment@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 Applicant				
Name: (Surname)	First Name		Other Name(s):	Title:(Prof/Dr/Mr/Mrs/Miss/Ms/Rev)
EST No.:Position		/Field Research Cen mployees only)	ntres	
Date of Birth(dd-mm-yyyy)	ID No:	PIN. No	Gender: Male	Female Intersex
Nationality:	Ethnicity	Н	Iome County:	Sub
County	Const	tituency:		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 Nationa	l Council for Persons Livin	g with Disabilities	(Registration No. and o	date)
3. Other Personal Details				
Have you ever been convicted of any crimin	nal offence or a subject of p	probation order? Ye	es No	
If Yes, state nature of offence, the year and	duration of conviction			
Have you ever been dismissed or otherwise	removed from employmen	nt? Yes	No	
If Yes, State reason (s) for dismissal/remov	al			effective date
Declaring the above information will not necessa	rily debar an applicant from e	employment in the Ins	titute. Each case will be c	(dd-mm-yyyy) considered on its own merit)

4. Acader	mic Qualifi	cations. (Starting with t	he Highe	st level)				
Y	Year	University/ High School	Award/Attainment (e.g. Masters, Bachelors, Degree, KCSE) Course/Pro (e.g. PhD, 1 O'Level)		Course/Programme (e.g. PhD, MSc, BA, O'Level)	e Specialization/Subject (e. g Econ, Maths, Sociology e.t.c)		Class/Grade
From	To							
5. Profess	sional/Tech	nical Qualifications/Cer	·tificatior	ıs Relevanı	t to the post. (Starting	with the Highes	t level)	
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From	To	Institution	Award/Attainment (e.g. Higher Diplon Certificate)		er Diploma, Diploma,	Specialization/Subject (e. g Human Resource, Engineering, Counselling e.t.c)		Class/Grade
6. Releva	ant Courses	and Training attended	l Lasting	not Less tl	han One (1) Week			
Year	Univers	sity/College/Institution]	Name of Course		Details a	and duration

rofessional Body	Members			Membership type (e.g. Associate, Full etc)	Date of Renewal
		le (starting with the cu			
Ye	ear	Designation/ Position	Job G Gross	roup/Grade /Scale Monthly Salary (Ksh.)	Institution/ Organization
From dd-mm- yyyy)	To (dd-mm- yyyy)				
JJJJ)	(333)				
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Briefly state your cu	arrent duties, responsibi	lities and assignments (if	any)		
••••••					
		nd experience which you is and your reasons for ap-			ed for. This information may inc
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			•••••		
		•••••	• • • • • • • • • • • • • • • • • • • •		

11. Referees (people who have interacted w	ven you professionary)	
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 and/or legal action.	correct and understand that any incorrect /mis	leading information may lead to disqualification
	correct and understand that any incorrect /mis	
and/or legal action. Date:		

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