

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 Applicant				
2. 1 0.50 Mar Details of the rippinear				
Name: (Surname)	First Name		Other Name(s):	tle:(Prof/Dr/Mr/Mrs/Miss/Ms/Rev)
EST No.:Position		Hqs/Field Research TI Employees only)	n Centres	
Date of Birth(dd-mm-yyyy)	ID No:	PIN.No	Gender: Male	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 Natio	nal Council for Persons L	iving with Disabilit	ies (Registration No. and date	e)
3. Other Personal Details	. 1 .cc			
Have you ever been convicted of any crit	minal offence of a subject	t of probation order	? Yes No	
If Yes, state nature of offence, the year a	nd duration of conviction.			
-				
TT 1 1 1 1		19. 77		
Have you ever been dismissed or otherw If Yes, State reason (s) for dismissal/rem			No	effective date
11 105, State reason (8) for dishinssal/fem	σναι			(dd-mm-yyyy)
		1		

WRTI (REVISED 2022) (Declaring the above information will not necessarily debar an applicant from employment in the Service. Each case will be considered on its own
merit)
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4. Academic Qualifications. (Starting with the Highest level)								
Y	⁷ ear	University/ High School	(e.g. Ma	Attainment sters, rs, Degree,	(o g DhD MSc RA		aths,	Class/Grade
From	То							
5 Dun form	: an al/Taak	nical Qualifications/Certi	er and and	Dalamant	to the most (Chautine	:'4b 4b o III' ab agé	la-val)	
5. Profess	aonai/Tech	nicai Quanncations/Cert	nications	Keievaiit	to the post. (Starting	with the righest	ievei)	
	Year Institution		Award/Attainment (e.g. Higher Diploma, Diploma, Certificate)		Specialization/Subject (e. g Human Resource, Engineering, Counselling		Class/Grade	
From	То				,	e.t.c)		
(D 1	4 G		T	I T 13		l		l
6. Keleval	nt Courses	and Training attended	Lasting	not Less ti	nan One (1) week			
Year	Univer	University/College/Institution			Name of Course		Details and duration	

Professional Body	Member	Membership/Registration No.		Membership type (e.g.	Date of Renewal	
Toressional Body	TVICINGE!	simp/registration 140.		Associate, Full etc)		
'	·'lll'l-					
	ear	le (starting with the cur Designation/		roup/Grade /Scale	Institution/ Organization	
1	car	Position Position	Gross	Monthly Salary (Ksh.)	Institution/ Organization	
From	То					
dd-mm- yyyy)	(dd-mm- yyyy)					
Briefly state your c	urrent duties, responsibi	lities and assignments (if a	nny)			
•••••						
•••••			•••••			
		nd experience which you attached and your reasons for ap			ed for. This information may incl	
in outline of your	most recent aemevemen	its and your reasons for ap	prynig 10	i uns post.		
			•••••			

11. Referees (people who have interacted with you	u 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.						
Date:(dd-mm-yyyy)	Signature of the App					

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