



**APPLICATION FOR EMPLOYMENT FORM**

**REF. NO. NITA /HR & ADM/HRP/01**

**A.) POSITION APPLIED FOR**

1. Title \_\_\_\_\_

**B.) APPLICATION BIO DATA.**

1. Name \_\_\_\_\_ 2.ID Card / Passport No. \_\_\_\_\_

2. Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

3. Place of Birth:

County: \_\_\_\_\_

District: \_\_\_\_\_

Location: \_\_\_\_\_

5. Addresses:

Permanent Address: \_\_\_\_\_

Contact Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Tel.No: \_\_\_\_\_

Mobile Tel NO: \_\_\_\_\_

6. Marital Status: \_\_\_\_\_

7. Next of Kin:

S/NO	NAME	ADDRESS	TEL.NO	RELATIONSHIP

C.

I. College and / or University Education (indicate college/university attended starting with the highest)

<b>Name of College and /or University</b>	<b>From</b>	<b>To</b>	<b>Certificate /Diploma/Degree Awarded</b>

II. Professional Qualifications

<b>Name of Institution</b>	<b>From</b>	<b>To</b>	<b>Certificate Awarded</b>

III. Any other courses attended.

<b>S/NO</b>	<b>INSTITUTION</b>	<b>CERTIFICATE AWARDED</b>	<b>DATES</b>

NOTE: Attach certified photocopies of certificates from educational and / or training institutions quoted above.

**D). EMPLOYEMENT HISTORY**

i. List present and past employment, beginning with your most recent.

Name and address of Company/ Organization	From	To	Position	Reason for leaving

ii. Any other additional experience and /or skills.

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**E). MEMBERSHIP TO PROFESSIONAL BODIES.**

S/NO	PROFESSIONAL BODY / INSTITUTION	CATEGORY OF MEMBERSHIP

**F. SALARY DETAILS**

Description	CURRENT (Ksh. per month)	EXPECTED( Ksh. per Month)
Basic Salary		
Other Benefits (Specify)		

F). **REFEREES:**

a) Name \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Tel .No \_\_\_\_\_

b) Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Tel . No \_\_\_\_\_

c) Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Tel .No \_\_\_\_\_

G). I ) HOBBIES \_\_\_\_\_

\_\_\_\_\_

II) STRENGTHS \_\_\_\_\_

\_\_\_\_\_

III) WEAKNESSES \_\_\_\_\_

\_\_\_\_\_

IV) OUTSTANDING ACHIEVEMENTS \_\_\_\_\_

\_\_\_\_\_

J.) **DECLARATION**

The facts stated above are true to the best of my knowledge. I understand that if employed, any false statement on this application form shall be considered sufficient cause for dismissal from the Authority.

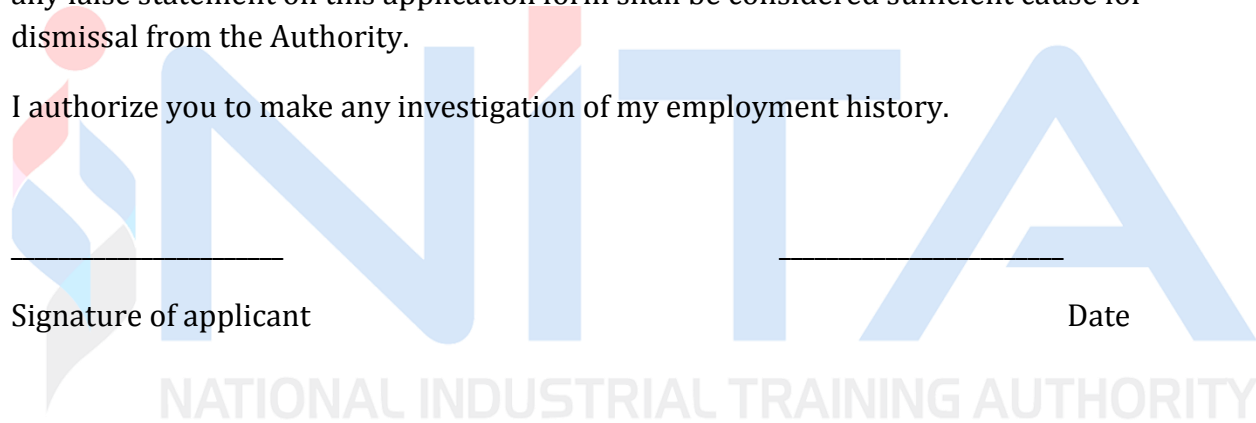
I authorize you to make any investigation of my employment history.

\_\_\_\_\_

Signature of applicant

\_\_\_\_\_

Date



NATIONAL INDUSTRIAL TRAINING AUTHORITY

ENHANCING SKILLS