Republic of Kenya

Ministry of Health

National Quality Control Laboratory

A WHO Prequalified and an ISO/IEC 17025:2017 Accredited Testing Facility
Hospital Road, KNH Complex, P.O. Box 29726 – 00202, Nairobi, Kenya
Telephone: +254 – 020 – 3544525/30, +254 703 311563
Email: info@nqcl.go.ke Website: www.nqcl.go.ke

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in BLOCK letters and submit to the CEO, National Quality Control Laboratory, P.O.BOX 29276 - 00202 NAIROBI, KENYA, or send via hr@nqcl.go.ke copy to hrunitnqcl@gmail.com.

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: …….....…….……

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 National Council for People with Disabilities (Registration No. and date) .....

3. Applicants in the Public Service only

Ministry/State Department/ County/Other Public Institutions: ……....…… Station: ……..…….....

Personal/Employment No: …… Present Substantive Post: ……

Job group/Scale/Grade: ……..... Date of Current Appointment.....…….
(dd-mm-yyyy)

Upgraded post (where applicable): …… effective date of appointment: ……
(dd-mm-yyyy)

On Secondment (where applicable): Organization……Designation: .....Job Group/Grade: .....

Terms of Service: Permanent & Pensionable☐ Contract ☐Other, please specify……

4. All other Applicants in Private/NGO/Other Sectors (Indicate N/A where it'reseas not applicable)

Current employer (where applicable): ……Position held: ……..

Effective date: ……Gross Salary (monthly) Ksh.……

(dd-mm-yyyy)

5. Other Personal Details

Have you ever been convicted of any criminal offence or a subject of probation order? Yes No

If Yes, state nature of offence, the year and duration of conviction ....

....

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

If Yes, State reason (s) for dismissal/removal……..…….…. effective date……

(dd-mm-yyyy)

(Declaring the above information will not necessarily debar an applicant from employment in the Public Service. Each case will be considered on its own merit)

6 Academic Qualifications. (Starting with the Highest)

Year		University/ High School	Award/Attainment (e.g. Masters, Bachelors, Degree, KCSE)	Course/Programme (e.g. PhD, MSc, BA, O'Level)	Specialization/Subject (e. g Econ, Maths, Sociology e.t.c)	Class/Grade
From	To					

7 Professional/Technical Qualifications/Certifications Relevant to the post. (Starting with the Highest)

Year		Institution	Award/Attainment (e.g. Higher Diploma, Diploma, Certificate)	Specialization/Subject (e. g Human Resource, Engineering, Counselling e.t.c)	Class/Grade
From	To				

8 Relevant Courses and Training attended Lasting not Less than One (1) Week

Year	University/College/Institution	Name of Course	Details and duration

9. Current Registration/Membership to Professional Bodies

Professional Body	Membership/Registration No.	Membership type (e.g. Associate, Full etc)	Date of Renewal

10. Employment Details - where applicable (*starting with the current or most recent*)

Year		Designation/ Position	Job Group/Grade /Scale Gross Monthly Salary (Ksh.)	Ministry/State Department/ Institution/ Organization
From (dd-mm-yyyy)	To (dd-mm-yyyy)			

11. Briefly state your current duties, responsibilities and assignments (if any)

……

……

……

……

……

……

……

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

……

……

……

……

……

……

……

Referees (people who have interacted with you 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: …….…….…….....

13. 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