

## **PUBLIC PROCUREMENT OVERSIGHT AUTHORITY**

## **APPLICATION FOR EMPLOYMENT FORM**

Please complete this form in block letters as appropriate and submit together with your detailed CV and testimonials to the Director General, Public Procurement Oversight Authority, P.O. Box 58535-00200 Nairobi, KENYA

1. Position Applied for						
Vacancy/PositionRefRef						
2. Personal Details						
Name of the applicantTitleTitle						
(Surname) (First Name ) (Other Names) (Prof/Dr/Mr./Mrs./Ms/Rev)						
Date of Birth & Age Gender:e Female						
(dd-mm-yyyy/years)						
Nationality:Employment/P NoEmployment/P No						
Address:Postal Code:						
Home County:Sub-county :						
Telephone:E-Mail Address:Mobile:						
Alternative Contact Person:Telephone:Telephone:						
3. Applicants in the Public Service Only						
Ministry/Department/County/Other Public Institutions:						
Work Station:						
Present Substantive Post:						
(dd-mm-yy)						
Terms of Service: Permanent & Pensionable Contract Temporary						

Telephone:+254(020) 3244000, 2213106, 2213107 Fax: :+254(020) 2213105, 3244377, 3244277

E-mail: info@ppoa.go.ke Website: www.ppoa.go.ke

4. Applicants in Private/NGO/Other Sectors – Current appointment Information							
Current employer:							
Current position appointment date: Salary (Monthly) Ksh							
5. Other Details							
Indicate the language(s) you are proficient in							
Do you suffer from any physical impairment? Yes No							
If yes gi	ve deta	ails:					
Have you ever been convicted of any criminal offences or a subject of probation order? Yes No							
Have yo	u ever	been dismissed or otherwise re	emoved from employme	ent? Yes	No		
If yes st	ate, sta	ate reason(s) for dismissal/remo	oval	ε	effective date		
						(dd-mm-yy)	
(Declaring the above information will not necessarily debar an applicant from employment. Each case will be considered on its own merit)							
-	_		necessarily debar an a	pplicant from (	employment. E	ach case will be	
conside	red on		ŕ		employment. E	ach case will be	
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conside	red on	its own merit)	ŕ		Subject	Class/Grade	
conside 6. Aca	red on	its own merit)  /Professional/Technical Qualific  University/College/Instituti	Award/Attainment  (e.g. Degree,	Courses (e.g. PhD,	Subject (Economics,		
conside 6. Aca	red on	its own merit)  /Professional/Technical Qualific  University/College/Instituti	cation(Starting with the Award/Attainment	Highest)  Courses	Subject		
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ear		Inst	titution/College		Courses	Details	
Em	ploym	ent Details <i>(start</i>	ting with the mo	st recent)			
ear		Employer's					
		Name	Position/Rank	/Designatio	Monthly Sal	Reason for leaving	
om	То		Position/Rank	/Designatio		Reason for leaving	
om	То		Position/Rank	/Designatio		Reason for leaving	
om	То		Position/Rank	/Designatio		Reason for leaving	
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om	То		Position/Rank	/Designatio		Reason for leaving	

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10.	Please give the details of your abilities, skills and experience which you consider are relevant to the position applied for. The information may include an outline of your most recent achievements and your reason for applying.
11.	Personal References
should l applicat The nai	e names and addresses of three referees. They should be responsible persons who know you well; one at least be well acquainted with you in private life AND the others should be your 2 immediate previous employers, where ble. The names of distinguished persons should not be used unless they know you well and they have consented. The relatives or those from whom you send testimonials should not be given; nor should the names of the board or staff of the Public Procurement Oversight Authority.
1.	Full Name:
	Address:
	Telephone No:Email Address:
	Occupation:
	Period for which he/she has known you:
2.	Full Name:
	Address:
	Telephone No:Email Address:
	Occupation:
	Period for which he/she has known you:
3.	Full Name:
	Address:
	Telephone No:Email Address:
	Occupation:
	Period for which he/she has known you:

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I declare that the information that I have given on this form is a belief and I understand that any incorrect information may lead to	, · · · · · · · · · · · · · · · · · · ·
Date:(dd-mm-yyyy)	Signature of the Applicant

E-mail: info@ppoa.go.ke Website: www.ppoa.go.ke

**Declarations**