



APPLICATION FOR EMPLOYMENT FORM

Please complete this form in **BLOCK** letters as appropriate and submit to **The Chairperson, Independent Policing Oversight Authority (IPOA), P.O.BOX 23035, 00100 NAIROBI, KENYA, or via Email: ceo@ipoa.go.ke**

1. Vacancy Applied For

Vacancy/Post: Vacancy Ref No:

2. Personal Details

Name of applicant: Title:
(Surname) First Name Other Name(s) (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

Date of Birth: Gender: Male: Female:
(dd-mm-yyyy)

Nationality: ID No/Passport No:
(attach copy)

Address: Postal Code:

Home County:

Telephone: Mobile: E-mail:

Alternative contact person: Telephone:

Do you have any relative(s) currently working at IPOA? Yes No

If yes give details:

3. Applicants from the government sector only (Indicate N/A where it's not applicable)

Ministry/Department/Local Authority/Other Public Institutions:

Station:

Present Substantive Post: Job group: effective date:
(dd-mm-yyyy)

Terms of Service: Permanent & Pensionable: Contract: Temporary:

Salary (monthly) Kshs:

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

Guarding Public Interest In Policing

ACK Garden Annex, 2nd Floor, 1st Ngong Avenue, P.O. Box 23035-00100 Nairobi, Kenya.
 Tel: +254-020-4906000, e-mail: ceo@ipoa.go.ke Website: www.ipoa.go.ke

Current employer: Position held: effective date:
(dd-mm-yyyy)

Salary (monthly) Ksh:

5. Unemployed Applicants

Have you taken any industrial attachment? Yes: No:

Employer: Period:

Have you taken any internship? Yes: No:

Employer: Period:

Desired Salary (monthly) Ksh:

6. Other Details

Indicate the language(s) you are proficient in:

Do you suffer from any physical impairment? Yes No

If yes give details:

Is your spouse working with the National Police Service? Yes No

If yes give details:

Have you ever been arrested, charged or convicted of any criminal offense or a subject of probation order?

Yes No

If yes give details:

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)

Have you ever interviewed for a position or worked at the Independent Policing Oversight Authority before? Yes No

If Yes, State the Post: date:

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

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7. Academic /Professional/Technical Qualifications (Starting with the Highest)

Year		University/ College/ Institution/ School	Qualification attained (e.g Degree, Diploma, Certificate)	Courses (e.g PhD, Msc, BA)	Subject (Econ, Maths e.t.c)	Class/ Grade
From	To					

8. Other Relevant Courses and Training /Registration/Membership to Professional Bodies/Institution

Year	Institution/College	Courses	Details

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9. Employment Details (starting with the most recent)

Year		Employer's Name	Position/ Rank/Designation /	Job Group and or Gross Monthly Salary (Ksh.)
From	To			

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10. **Briefly state your current duties, responsibilities and assignments**

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11. Please give 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 reasons for applying

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11. Personal References

*The names of distinguished persons should not be used unless they really know you well; the names of relatives or of those from whom you send testimonials should not be used. **The names of members or staff of Independent Policing Oversight Authority should also not be used.***

1. Full Name:
Address:
Telephone No: E-mail:
Occupation:
Period for which he/she has known you:

2. Full Name:
Address:
Telephone No: E-mail:
Occupation:
Period for which he/she has known you:

3. Full Name:
Address:
Telephone No: E-mail:

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Occupation:

Period for which he/she has known you:

Declaration:

I hereby certify to the best of my knowledge that the particulars given on this form are correct and I understand that any incorrect information may lead to disqualification/legal action.

Date:

(dd-mm-yyyy)

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Signature of the Applicant

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