INSTRUCTIONS

Please answer each question clearly and completely.

TYPE OR PRINT LEGIBLY



Do NOT write in this space

1-14 PERSONAL HISTORY

1	Position Applied for	8	ID Number
2	Name	9	Passport Number (if applicable
3	Sex	10	Nationality
4	Date of birth	11	P.O Box Number
5	Day time landline phone number	12	Postal Code
6	Mobile number	13	Town/City, Country
7	Email		

15. KNOWLEDGE OF LANGUAGES

LANGUAGES	READ		WRITE		SPEAK		UNDERSTAND	
(please specify)	Easily	Not easily	Easily	Not easily	Easily	Not easily	Easily	Not easily

16. FOR ADMINISTRATIVE STAFF ONLY

Indicate speed in words per minute	English	Other languages (specify)
Typing		
Shorthand		

17. LIST ANY OFFICE MACHINES OR EQUIPMENT AND COMPUTER PROGRAMS YOU USE. (Your proficiency will be tested if invited for an interview).

Office					
machines/equipment					
Computer programs					
.8. EDUCATION: Give full d	 letails				
		AND COLLEGES	or equivalent		
NAME OF INSTITUTE,	ATTENDED FR	ROM/TO	DEGREE TITLE	GRADE OBTAINED	
PLACE & COUNTRY Please give complete address	Month/Year	Month/Year			
В. 9	 SECONDARY SCHC	OOLS OR OTHER	FORMAL TRAINING		
NAME OF INSTITUTE,	ATTENDED FR	ROM/TO	CERTIFICATES OR	GRADE OBTAINED	
PLACE & COUNTRY Please give complete address	Month/Year	Month/Year	OBTAINED		
19. LIST PROFESSIONAL SO	CIETY AND ACTIV	ITIES IN CIVIC O	R PUBLIC AFFAIRS.		
20. LIST ANY SIGNIFICANT I	PUBLICATION YOU	U HAVE WRITTE	N (DO NOT ATTACH)	l	

21. EMPLOYMENT RECORD

Starting with your present post, list in REVERSE ORDER every employment you have had. If you need more space, attach additional pages of the same size.

A. PRESENT POST (LAST POST, IF NOT	PRESENTLY EMPLOYED		
FROM Month/Year	TO Month/Year	GROSS SALARY (before tax)	EXACT	TITLE OF YOUR POST
Name of your employer		Type of business		
Address of your employer		Number and kind of employees supervised by you		
Phone number of your employer		Reason for leaving	ng	

DESCRIPTION OF YOUR DUTIES						
B. PREVIOUS PO	STS					
		1	1			
FROM	ТО	GROSS SALARY	EXACT	TITLE OF YOUR POST		
Month/Year	Month/Year	(before tax)				
Name of your		Type of business				
employer						
Address of your		Number and kind	of			
employer		employees super	vised			
		by you.				
Phone number of		Reason for leavin	g			
your employer						
DESCRIPTION OF YOU	R DUTIES					

FROM	ТО	GROSS SALARY	EXACT	TITLE OF YOUR POST
Month/Year	Month/Year	(before tax)		
Name of your		Type of business	5	
employer				
Address of your		Number and kin		
employer		employees supe	rvised	
Dhana annahan af nam		by you		
Phone number of your employer		Reason for leavi	ng	
DESCRIPTION OF YOUR	DUTIFS			
FROM	ТО	GROSS SALARY	EXACT T	TITLE OF YOUR POST
Month/Year	Month/Year	(before tax)		
Name of your		Type of business		
employer				
Address of your		Number and kind	d of	
employer		employees super	vised	
		by you		
Phone number of		Reason for leavir	ng	
your employer				
DESCRIPTION OF YOUR	DLITIES			
DESCRIPTION OF TOOK	DOTIES			

22. HAVE YOU ANY OBJECTIONS TO OUR MAKING ENQUIRIES TO YOUR PRESENT EMPLOYER IF TAKEN								
FOR THIS POSITION? YES NO								
23. REFERENCES.								
List THREE persons not related to you, who are familiar with your character, qualifications and work.								
Full Name	Email address	Mobile Number	Business or Occupation					
24. OTHER INFORMA	TION							
State any other relev	vant facts which are applica	ble for this position						
List your hobbies and	d interests outside work							
If you are not a Keny	yan citizen, do you have a	□ YES □ NO						
valid work permit		Work permit class:						
		Expiry Date:						
Do you hold a valid l	Kenya driving license?	□YES	\square NO					
Have you ever been	arrested, indicted, or	□YES	\square NO					
summoned into cou	rt as a defendant in a	If yes, give full particulars of each case in an attached						
criminal proceeding,	, or convicted, fined or	statement.						
imprisoned for the v	riolation of any law							
(excluding minor traffi	c violations?)							

25. I certify that the statements made by me in answer by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any

misrepresentation or material omission made on this form or other document requested by The CRADLE render a staff member liable to termination or dismissal.

Date (Day/Month/Year):

Signature:

If called for interview, you will be requested to supply documentary evidence which supports the statements you have made above. Do not however send any documentary evidence until you have been asked to do so by The CRADLE.