**KIBABII UNIVERSITY**

**KIBU-F-ADM-021**

**P O BOX 1699** – **50200, BUNGOMA**

***(To be completed and returned on first appointment)***

**PART 1**

**PERSONAL INFORMATION**

Full Name:………………………………………………………………………………………………………….

(*Surname*) *(First Name) (Middle Name)*

Personal File Number……………………………………E-mail address……...…………………………….

Terms of Service: Permanent/Temporary/Contract (*delete whichever is inapplicable*)

Age: ……………………………………………..(Yrs) Date of Birth…………………………………………

Place of Birth: ………………………………….…………………………………………………………………

Identity Card Number:………………………………..Home District:………………………………………

Location:………………………………………………..Sub-Location………………………………………..

Village………………….………………………………………………………………………………………….. Permanent Home Address:………………………………………………………..………………………….. ………………………………………………………………………………………………..…………………….. Present Residential Address: …………………………………………………………………...................

Telephone No:…………………………………………Street:…………………………………………………

(For Non- Citizens)

Country of Origin…………………………................Nationality:………………………………………….

Passport Number……………………………….Date:……………………Place of Issue…….………….

Permanent Home Address:………………………………………………………………….…………………

**PART II**

Marital Status: Married/Single/Widower/Widow *(Delete whichever is inapplicable*)

Full Name of Spouse……………………………………………………………………………………………… Occupation of the Spouse…………………………………………………………………………………....... Address…………………………………………………………………………………………..…………………

………………………………………………………………………………Tel No………………………………..

Children: - (*Attach copies of Birth Certificates*)

|  |  |  |  |
| --- | --- | --- | --- |
| S/NO | NAME | SEX | AGE (YRS) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |

1

**Persons to be contacted on Emergency**

Name …………………………………………………………………………………………………………….. Relationship…………………………………………………………………………………………………….. Address………………………………………………………………………………………………………….. …………………………………………………………………………………………………………………….. Tel No……………………………………………………………………………………………………………..

**ACADEMIC AND PROFESSIONAL RECORD**

|  |  |  |
| --- | --- | --- |
| **Schools/Colleges/Universities attended** | **Date/Month/ year** | **Academic/Professional**  **Qualification** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PART III**

**EMPLOYMENT HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/NO** | **Name of Employer** | **Period Employed From: To:** | **Post Held and Nature of Work** | **Reasons for Leaving** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |

**Post held and salary at the time of leaving**

Post…………………………………………………………………………………………………………………… Salary………………………………………………………………………………………………………………… Note down here any additional information you may wish to give ………………………………………………………………………………………………………………………… .………………………………………………………………………………………………………………………… To the best of my knowledge the information given in this form is correct.

Signature………………………………………………….. Date: ………………………………………….

2