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| **KIBABII UNIVERSITY** – **ISO 9001:2015 BASED QUALITY MANAGEMENT SYSTEM** | | |
| **ISSUED FOR USE ON: 23-11-2018** |  | **REF: KIBU-ADM-F-031** |

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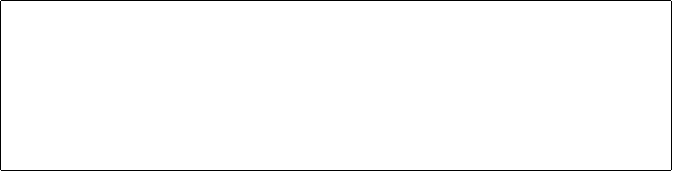
**HUMAN RESOURCE DEPARTMENT**

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| **PERSONAL HISTORY FORM** | | | | | |
| **PLEASE READ CAREFULLY AND FILL IN\* (TYPED) EACH SECTION CLEARLY AND COMPLETELY IN BLOCK/CAPITAL LETTERS** | | | | | |
| **DUTY STATION:** **. (INDICATE WHETHER MAIN CAMPUS, TOWN LEARNING CENTRE OR TURKANA CENTRE) PERIOD OF HIRE (AS PER APPOINTMENT LETTER): FROM:****. TO:****..** | | | | | |
| **PERSONAL INFORMATION** | | | | | |
| **FAMILY/SURNAME:** | | | | |  |
| **FIRST NAME:** | | | | |  |
| **MIDDLE NAME:** | | | | |  |
| **(A) PRESENT ADDRESS (INDICATE SINCE WHEN)** | | | | |  |
| **(B) PERMANENT ADDRESS (IF DIFFERENT FROM A)** | | | | |  |
| **TELEPHONE NUMBER (WORK):** | | | | |  |
| **TELEPHONE NUMBER (MOBILE):** | | | | |  |
| **E-MAIL ADDRESS:** | | | | |  |
| **DATE OF BIRTH: (DD/MM/YYYY)** | | | | |  |
| **PLACE/COUNTRY OF BIRTH:** | | | | |  |
| **CURRENT NATIONALITY(IES):** | | | | |  |
| **COUNTY OF BIRTH:** | | | | |  |
| **COUNTY OF RESIDENCE:** | | | | |  |
| **RELIGION** | | | | |  |
| **ETHNIC RACE** | | | | |  |
| **MARITAL STATUS** | | | | |  |
| **NATIONAL ID NO. /PASSPORT NO.** | | | | |  |
| **BANK ACCOUNT DETAILS (BANK, BRANCH, ACCOUNT NUMBER )** | | | | |  |
| **KRA PIN:** | | | | | **NSSF:** |
| **NHIF** | | | | |  |
| **SEX:** |  | **MALE** |  | **FEMALE** | |
| **NEXT OF KIN:**  **1. NAME:****..RELATIONSHIP:** **. PHONE CONTACT:** **. EMAIL ADDRESS:**  **2. NAME:****.. RELATIONSHIP:****.. PHONE CONTACT:** **.. EMAIL ADDRESS:** | | | | | |

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**Knowledge for Development**

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**SIGNATURE:**

|  |  |  |  |  |
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| **EDUCATION AND PROFESSIONAL QUALIFICATIONS** | | | | |
| **GIVE DETAILS STARTING FROM MOST RECENT TO THE SECONDARY EDUCATION. INCLUDE SHORT COURSES AND POSTGRADUATE STUDIES IN YOUR PROFESSIONAL/OCCUPATION AND RELATED FIELDS. INCLUDE RECOGNIZED CHARTERS AND CERTIFICATIONS.** | | | | |
| **FROM (MM/YYYY)** | **TO (MM/YYYY)** | **NAME OF SCHOOL/COLLEGE/ UNIVERSITY OR EQUIVALENT, CITY/COUNTRY** | **NATURE OF**  **COURSE/STUDIES/**  **SPECIALIZATION** | **CERTIFICATE/DIPL**  **OMA/DEGREE**  **OBTAINED** |
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| **UNION MEMBERSHIP:**  **MEMBERSHIP NUMBER:****.. JOINING DATE:** **EXIT DATE(WHERE APPLICABLE):** |
| **LANGUAGES:** |
| **SKILLS:** |

**I CERTIFY THAT THE INFORMATION RELAYED ABOVE IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY**

**KNOWLEDGE.**

**DATE**

**NB: PLEASE FILL OUT THE FORM IN TOTALITY**

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