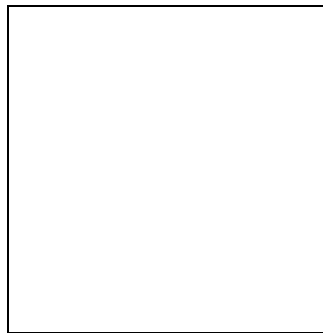




Private and Confidential

PERSONAL RECORD FORM



Instructions

1. **Fill in all sections of the form legibly, either typed or in ink.**
2. **Ensure photocopies of certificates are enclosed as indicated in the form, and a photo is affixed above.**
3. **This document is important for our evaluation. It is in your interest to complete it to the best of your ability.**



i.) Vacancy Applied for:

Vacancy/Post	
---------------------	--

vii.) Bio Data

Surname:	Other names (in full)	Gender : Male: _____ Female: _____								
Postal Address: _____ Postal Code: _____ Town: _____		Telephone Contacts: _____ Home: _____ Business: _____ Mobile: _____ E-mail: _____								
Temporary Address (if applicable) _____ From: _____ To: _____		Kenya Identity Card Number: Passport Number and Country of Issue:								
Nationality Kenyan	Date of Birth	Age								
Country and place of birth		Other dependants:								
Marital status: ____ Number of Children: ____		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Relationship</td> <td></td> </tr> <tr> <td>Age</td> <td></td> </tr> </table>	Relationship		Age					
Relationship										
Age										
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Age</td> <td></td> </tr> <tr> <td>Sex</td> <td></td> </tr> </table>		Age		Sex		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Relationship</td> <td></td> </tr> <tr> <td>Age</td> <td></td> </tr> </table>	Relationship		Age	
Age										
Sex										
Relationship										
Age										
Do you need a work permit for this job?		Do you have a valid driving licence?								
Have you ever been convicted of any criminal offences or a subject of probation order? If so please state the nature of the offence										



**anti
counterfeit
agency**
educate, enforce, eliminate

Have you ever been dismissed or otherwise removed from employment? If yes state reason(s) for dismissal/removal.

iii.) Next of Kin

Name:	Age	Relationship:

iv.) Health

Date and result of last medical examination: _____	Height: _____
	Weight: _____
Do you suffer from any physical impairment? Yes/No _____	If Yes Please specify _____
Are there any industries or locations in which you are not able or willing to work? Please state.	

v.) Availability

What period of notice do you require to serve your current employer?

vi.) Indicate the languages you are proficient in

Language	Speaking	Writing/Reading
Other(s) (Specify):Nandi		

vii.) Academic/Professional qualifications – Starting with the highest (Please attach copies of education and professional certificates)

Institution	Qualifications/Certificates	Specialization/Sub ject	Class/Grade attained	Year	
				From	To
Other(s)					



viii.) Other relevant Courses and Training/Registration/membership to Professional Bodies/Institution

Year	Institution/College	Courses	Details

(ix) Employment History starting with current or most recent employer

Employer's Name	Job title/ Position held	From	To	Key Responsibilities	Basic Salary per month	Reason for leaving
		<i>Month /Year</i>	<i>Month/ Year</i>			
1.						
2.						
3.						
4.						
5.						
6.						
7.						

(x.) Breaks in Employment: - Please indicate nature/reasons for any breaks in employment including relevant dates

Period		Nature/Reason
From	To	

(xi) Present salary and benefits (please state denomination if not in Kenya shillings)

Basic Salary (Kshs.)	Servants and Utilities
	Tick the box if any the following are paid by your employer



**anti
counterfeit
agency**

educate, enforce, eliminate

House Benefit (Ksh.):			House servant	
Housing loan provided by the company:			Gardener	
Entitlement:			Night Guard	
Repayment period			Water	
Interest rate:			Electricity	
House allowance: (Ksh.)			Telephone	
If free housing provided, state market rental rate (Ksh.)			Radio alarm	
			Other (Specify)	
Car Benefit (Ksh.)				
Car Loan provided by the company:				
Entitlement:			Educations	
Outstanding:			State whether your children's school fees is paid	
Interest rate:				
Are personal running expenses pair?			If yes state amount per year (Ksh.)	Ksh.
Company car:			Maximum number of children paid for	
Make:			Entertainment allowance	
CC:			Amount per month	Ksh.
Is it fully maintained?				
Medical Benefit (Ksh.)				
State maximum annual value of cover, and who in your family is covered			Ksh per month	
	Amount (Ksh. P.a)	Members covered		
Outpatient:				
Dental:				
Optical:				
Maternity:				
In-patient				
Others:				
Pension scheme:				
Is there a company scheme?				
Employee contribution:				
Employer contribution:				
Provident fund:				
Give details of your contribution to, and benefits provided, by any provident fund			State type and estimated value of any other benefits:	
			Benefit (specify)	Amount (Ksh.)



	Terminal gratuity:	Annual leave (days)	
	Leisure interest	Annual leave allowance	

(xii) The information required below is important. Please take your time to complete it to the best of your ability

Please state how you would like your career to develop over the next five years. (CAREER OBJECTIVES)

What do you consider to be the main achievements of your career to date? (ACHIEVEMENTS)

Business interests other than main employment (specify general nature and your involvement) (INTERESTS)

xiv.) List three referees, including one from your previous employer

1st Referee – Current/Most recent Employer

Full Name:	
Job title of referee:	
Address:	
Email:	
Tel. Number:	
Period for which he/she has known you:	
In what capacity do you know this person?	
May we approach him/her at this stage?	

2nd Referee

Full Name:	
Job title of referee:	
Address:	
Email:	
Tel. Number:	
Period for which he/she has known you:	
In what capacity do you know this person?	
May we approach him/her at this stage?	



3rd Referee

Full Name:	
Job title of referee:	
Address:	
Email:	
Tel. Number:	
Period for which he/she has known you:	
In what capacity do you know this person?	
May we approach him/her at this stage?	

Declaration Statement

I hereby certify that the information I have provided in this Personal Record Form, is to the best of my knowledge, correct, true and complete in every aspect. I also understand that deliberately falsifying or withholding information may lead to disqualification/legal action and dismissal if appointed.

Full Name:	
Signature:	
Date: (dd-mm-yyyy)	