



COUNTY PUBLIC SERVICE BOARD
 P.O BOX 49 - 90300, MAKUENI Tel No.:020-2026751
 Email:cpsb@makueni.go.ke
 Web:www.makuenipsb.go.ke



APPLICATION FORM FOR INTERNSHIP/APPRENTICESHIP PROGRAMME

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Secretary/CEO, County Public Service Board, P.O.BOX 49, 90300 MAKUENI via email as shown on the Boards Website www.makuenipsb.go.ke

1. Personal Details of the Applicant

Name: Title:.....
 (Surname) First Name Other Name(s): (Mr/Mrs/Miss/Ms)

Date of Birth..... ID No:..... PIN.NO. Gender: Male Female
 (dd-mm-yyyy)

Certificate of Good Conduct Number:..... Ethnicity

Home County:.....SubCounty.....Ward:..... Sub Ward.....

Postal Address:..... Code:..... Town/City:

Telephone No:..... Mobile No:..... E-mail address:.....

Name of alternative contact person:..... Telephone No:.....

Are you living with a disability? Yes No

If yes, give;
 (i) Details/Nature of Disability:.....

(ii) Details of Registration with the National Council for People with Disabilities (Registration No. and date).....

2. Other Personal Details

Have you ever been convicted of any criminal offence? Yes/No

If Yes, state nature of offence, the year and duration of conviction.....

3. Academic Qualifications

S/No	Specialization	University/Institution	Graduation Year	Grade

4. Kenya Secondary School Certificate

YEAR	FROM	TO	GRADE

5. Briefly state your current duties, responsibilities and assignments (if any)

.....
.....
.....
.....
.....

6. For Apprenticeship Applicants, State Area of Interest/Project Location/Department Applied for in the format Below;

- 1. Area of Interest.....
- 2. Project Location(ward).....
- 3. Department Applied for.....
- 4. Project Name.....

Any Other Deatils.....

7. Referees (people who have interacted with you)

1. Full Name:.....
Occupation:.....
Address:.....Post Code:.....City/Town:

Mobile No:..... E-mail address:.....
Period for which the referee has known you:.....

2. Full Name:.....
Occupation:.....
Address:..... Post Code:.....City/Town:

Mobile No:..... E-mail address:.....
Period for which the referee has known you:.....

8. Declarations

I certify that the particulars given on this form are correct and understand that any incorrect /misleading information may lead to disqualification and/or legal action.

Date:
(dd-mm-yyyy)

.....
Signature of the Applicant