



**GOSHENFIELDS SCHOOL-NGOINGWA, THIKA**

**P.O. BOX 6472 -01 000 THIKA- Telephone- 0717 253 153**

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**EMPLOYMENT APPLICATION FORM**

This form must be completed in **CAPITAL LETTERS** by all those seeking employment in Goshenfields School.

**1. PERSONAL DETAILS (FILL IN CAPITAL LETETRS)**

1. Surname First Name Other Names

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2. Position applied \_\_\_\_\_ TSC

No \_\_\_\_\_ (Teachers only)

5. Permanent Address: \_\_\_\_\_ Mobile

No \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ National ID Card

No \_\_\_\_\_

7. Marital Status: Single/ Married/ Separated/ Widow(er) /Divorced:

\_\_\_\_\_

8. Number of children and their

ages\_\_\_\_\_

## 2. ACADEMIC BACKGROUND

[Please list relevant qualifications you have attained and attach copies of certificates]

<b>Name of Learning Institution</b>	<b>From (Month &amp; Year)</b>	<b>To (Month &amp; Year)</b>	<b>Final Qualification/Grade</b>

## 3. PROFESSIONAL QUALIFICATIONS

Please list the qualifications you have attained. i. e. Certificate, Diploma etc

<b>Name of Learning Institution</b>	<b>From (Month &amp;Year)</b>	<b>To (Month &amp;Year)</b>	<b>Final Qualification/ Grade</b>


**4. WORK EXPERIENCE**

Please list the jobs you have performed in the past till to date.

<b>Job Title / Position</b>	<b>From (Month/Year)</b>	<b>To (Month/Year)</b>	<b>Name and address of employer</b>

**5. NEXT OF KIN**

<b>Full Names</b>	<b>Relationship</b>	<b>Contact(include cell phone)</b>

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**6. REFERENCES**

[Please list the names of three referees (not relatives) who can be contacted to say something about your character, conduct and work performance.

Full Names	Address + Tel Contact	Relationship

**7. HAVE YOU EVER BEEN IMPRISONED DUE TO A CRIME?**

NO  YES

If yes, explain what had happened

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**8. MEDICAL FITNESS**

Do you have any medical condition / illness that can prevent you from working?

YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes please explain \_\_\_\_\_

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**9. DECLARATION**

I hereby certify that the statements contained in this application are true and correct to the best of my knowledge and belief.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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