



Film Kenya...Capture Africa!

KENYA FILM COMMISSION

APPLICATION FOR EMPLOYMENT FORM

Position Applied For:

1. Personal Details of the Applicant

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

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

Nationality:..... Ethnicity Home County:.....

Sub County Constituency:.....

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).....

3. All other Applicants

Current employer (where applicable):..... Position held:.....

Effective date:Gross Salary (monthly)

Ksh..... (dd-mm-yyyy)

3. Other Personal Details

Have you ever been convicted of any criminal offence or a subject of probation order? Yes No

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

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Have you ever been dismissed or otherwise removed from employment? Yes No

If Yes, State reason (s) for dismissal/removal.....effective date.....
(dd-mm-yyyy)

(Declaring the above information will not necessarily debar an applicant from employment at the Commission. Each case will be considered on its own merit)

4. Academic Qualifications. (Starting with the Highest)

Year		University/ High School	Award/Attainment (e.g. Masters, Bachelors, Degree, KCSE)	Course/Programme (e.g. PhD, MSc, BA, O'Level)	Specialization/Subject (e. g Econ, Maths, Sociology e.t.c)	Class/Grade
From	To					

5. Professional/Technical Qualifications/Certifications Relevant to the post. (Starting with the Highest)

Year		Institution	Award/Attainment (e.g. Higher Diploma, Diploma, Certificate)	Specialization/Subject (e. g Human Resource, Engineering, Counselling e.t.c)	Class/Grade
From	To				

6. Relevant Courses and Training attended Lasting not Less than One (1) Week

Year	University/College/Institution	Name of Course	Details and duration

11. Referees (people who have interacted with you professionally)

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:.....

3. Full Name:.....
Occupation:.....
Address:..... Post Code:.....City/Town:
Mobile No:..... E-mail address:.....
Period for which the referee has known you:.....

12. Declaration

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