

OFFICE OF THE ATTORNEY GENERAL & DEPARTMENT OF JUSTICE

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Solicitor General, P.O.BOX 40112, 00100 NAIROBI, KENYA, or apply **On-line** via the OAG&DOJ's Website **www.statelaw.go.ke** (*Do not attach copies of certificates and testimonials*).

1. Vacancy Applied For			
Vacancy/Post:			Vacancy No:
2. Personal Details of the Applica	nt		
Name:			
(Surname)	First Name	Other Name(s):	(Prof/Dr/Mr/Mrs/Miss/Ms/Rev)
Date of Birth(dd-mm-yyyy)	ID No:	PIN.NO	Gender: Male Female Female
Nationality:	Ethnicity	Home County:	Sub
County	Const	tituency:	
Postal Address:	Code:	Town/Ci	ty:
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 Na	ntional Council for People with	Disabilities (Registration No. and dat	e)
3. Other Personal Details			
Have you ever been convicted of any cri	minal offence or a subject of p	robation order? Yes No	
If Yes, state nature of offence, the year at	nd duration of conviction		
Have you ever been dismissed or otherw	ise removed from employment	? Yes No	
If Yes, State reason (s) for dismissal/rem	oval		
			(dd-mm-yyyy)
(Declaring the above information will own merit)	not necessarily debar an appl	icant from employment in the OAG&.	DOJ. Each case will be considered on its
P.O Box 40112-00100, NAIROBI, KENYA	.TEL:+254 20 2227461-9/225135	55/0700072929/0732529995 EMAIL: info	@ag.go.ke WEBSITE: www.statelaw.go.ke

l. Acader	nic Qualifica	ations. (Starting with tl	he Highes	st)			
	Year	University/ High School	Award/A	Attainment	Course/Programme (e.g. PhD, MSc, BA, O'Level)	Specialization/Subject (e. g Econ, Maths, Sociology e.t.c)	Class/Grade
From	To		KCSE)				
5. Profess	sional/Techni	ical Qualifications/Cer	tifications	s Relevant	to the post. (Starting	with the Highest)	
7	Year					Specialization/Subject	
From	To	Institution		Award/Atta (e.g. Higher Certificate)	r Diploma, Diploma,	(e. g Human Resource, Engineering, Counselling	Class/Grade
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Professional Body		Membership/Registration No.	N	lembership type Associate, Full	e(e.g.	Date of Renewal
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Declaration		
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(dd-mm-yyyy)	Signature of the Applicant	

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