Ref: KUC/R&T/PER/INFOR/001

Fix One Recent Color Passport-Sized Photo

KABARNET UNIVERSITY COLLEGE

OFFICE OF THE DEPUTY PRINCIPAL
ADMINISTRATION, PLANNING & FINANCE

(To be completed in duplicate and returned on first appointment)

PART 1: PERSONAL INFORMATION

Full Name: Prof. /Dr. /Rev. /Mr. /Mrs. /Ms. *(delete whichever is inapplicable)*

……/……/…….....
Surname Name *First Name* *Middle Name*

Gender: ……. Male ☐ Female ☐

Terms of Service: Permanent/Temporary/Contract *(delete whichever is inapplicable)*

Age……..Years Date of Birth: ……../……. /.....
(Date, Month, Year)

Place of Birth…… Identity Card Number…….

Home County …… Sub-County ……..…….

Location…… Sub-Location……...

Village…… Ethnicity…….…….

Religion ……. Blood Group …….

Education Peak …….
(e.g. Certificate, Bachelors, Masters, PhD. Attach copies of latest certificates)

Any form of disability (Special Needs) ……

Permanent Home Address…….

Cell Phone Number……. Email Address……

Street……..

(For non-citizens)

Country of Origin……..... Nationality…….……...

Passport Number…… Date of issue……...

Place of issue…….. Permanent Home Address……

Marital Status: Married/Single/Widowed/Divorced *(delete whichever is inapplicable)*

Full Name of Spouse……..……...

Occupation of the Spouse…….……

Address……. Telephone No..……..……

Children:-

	Name:	**Sex:**	**Date of Birth:**	**Age:**
1.	…….....	……	…….	……
2.	……	…….	……..	…….
3.	……	……	……...	…….
4.	……	…….	……..	…….
5.	……	…….	……	…….
6.	……	…….	……..	…….

Next of Kin:

1. Name …… Relationship……

   Address……

   Telephone Number…… Email Address……

2. Name ……Relationship……..

   Address……

   Telephone Number……Email Address……..

(Note that next of kin must be at least 18 years of age)

PART II: ACADEMIC & PROFESSIONAL RECORD

Schools & Colleges Attended	Date, Month, Year	Qualifications

PART III: EMPLOYMENT HISTORY

Name of Employer	Period Employed		Post held/Nature of work	Reasons for Leaving
	From	To		

Post held and salary at the time of leaving

Post……

Salary……

Note down here any additional information you may wish to give

……

……

……

To the best of my knowledge the information given on this form is correct.

Signature…….. Date…….

PART IV: PAYROLL PERSONAL INFORMATION

Full Name: Prof. /Dr. /Rev. /Mr. /Mrs. /Ms. *(delete whichever is inapplicable)*

……/……/…….....
Surname Name *First Name* *Middle Name*

Date of Birth…….

Place of Birth……

Telephone Number……

ID/No.……

PIN. No.……..

NSSF No……

NHIF No.……...

Compliance with Chapter Six of The Constitution ……

(*Attach relevant Documents e.g. ID., NSSF, NHIF, Copy of Pin Certificate - KRA, HELB, Certificate of Good Conduct from DCI, EACC & Approved CRB)*

Gender: Male ☐ Female ☐ (tick where applicable)

MARITAL STATUS (tick where applicable)

Married ☐

Single ☐

Widowed ☐

Divorced ☐

NAME OF BANK……

BRANCH……

ACCOUNT No.……

To the best of my knowledge the information given on this form is correct.

Signature……. Date……..