

# CONFIDENTIAL

### TO BE COMPLETED IN TRIPLICATE

(One copy to be retained by the Chief Administrative Officer)

# FORM FOR SELECTION, APPOINTMENT AND APPROVAL OF MEMBERS OF DISTRICT SERVICE COMMISSION(S)

- (i) Please study the form carefully before completing it.
- (ii) Duly completed form should be submitted to Chairperson, District Local Government
- (iii) All parts of the form must be filled.

#### SECTION ONE

# PERSONAL DATA [To be completed by the candidate recommended for approval of appointment]

1.	Surname:
2.	Other Names:
3.	Date of Birth:
4.	Sex:
5.	Nationality [Citizenship]:
1	National Identification Number [NIN]:
6.	Home District:
7.	District of Residence [Ordinarily resident]:
	Sub-County: Village:
8.	Marital Status [Please Tick as appropriate] <i>Married</i> Single Widowed Divorced Separated

## PSC FORM No. 0094 [Revised 2018]

Attach most recent

Photo Here

# 9. Mailing/Contact

Address
Email Address:
Telephone Number:

# 10. Details of Schools/Institution Attended

Years/Period		School/Institution	Award/Qualifications attained	
From	То			

# 11. Employment Record

(a) State posts held starting with the latest.

Year/Period		Position held/Designation	Employer [Name and Address]
From	То		

(b) If you have left employment, indicate when you left and the circumstances under which you left

[Tick whichever is appropriate]

- (i) Voluntary retirement
- (ii) Normal retirement
- (iii) Retirement on medical grounds
- (iv) Retrenchment/Redundancy
- (v) Retirement in public interest
- (vi) Others (specify) .....

(c) State any position(s) of responsibility you have held or are holding in society.

Year/Period		Position held/Responsibility	Institution [Name and Address]
From	То		

12. Have you ever been convicted of any criminal offense?

If the answer is **yes**, give brief details.

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13. If appointed, how soon will you be available to take up your duties?

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Attach copies of the following documents:-

- a) All Academic documents.
- b) Copy of the Curriculum Vitae

c) All Appointment and Deployment letters.

#### DECLARATION

I declare that the foregoing information is true and correct to the best of my knowledge.

NAME:	
SIGNATURE:	DATE:

#### SECTION TWO

#### TO BE COMPLETED BY THE CHAIRPERSON DISTRICT LOCAL GOVERNMENT

### 14. Current Membership of DSC

#### Term of Service

Nan	ne	Category of Membership	1 <sup>st</sup>	2 <sup>nd</sup>
i.				
ii.				
iii.				
iv.				
v.				
-	Indicate proposed Memb licable]	pership to which the candidate i	s to be appointed [	Tick whichever is
(	(a) Chairperson	(b) Member		

(c ) Category of Membership and Term of Office

		1 <sup>st</sup> Term	2 <sup>nd</sup> Term
i.	Chairperson		

ii) Women	
ii) Urban Authority	
iv) Persons with Disability	
v) Ordinary Member	

15. State why the candidate is being recommended as in No. 15 above [Use additional paper if necessary]

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## DECLARATION

I declare that the foregoing information is true and correct to the best of my knowledge.

NAME:	
SIGNATURE:	DATE:
	DISTRICT LOCAL GOVERNMENT
	DISTRICT LOCAL GOVERNMENT

## **OFFICIAL STAMP**

Copies of the following Documents must be attached to the submission to the Public Service Commission:

- d) Dully signed District Council Minutes.
- e) Dully signed District Executive Committee Minutes.
- f) Dully signed Joint Urban Council Minutes [In the case of Urban Authorities Representatives].