

# teQniQal Stationers & Printers Ltd.

*Dealers in stationery, books and printing services.*

Phone Number: 254 748 836 850 Email Address: cc@teqniqal.co.ke

## APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form in **BLOCK** letters and email a scanned copy of this form to [jobs@teqniqal.co.ke](mailto:jobs@teqniqal.co.ke) on or before the application deadline. (Do not attach copies of your certificates and testimonials.)

### 1. Post Applying For

Post		Post No.	
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### 2. Personal Details of the Applicant

Title (MR./MRS./MISS)		Full Name			
Date of Birth		Gender (F/M)		ID/Birth Cert. No.	
County		Sub County		City/Town	
Phone No.		Email Address			
Are you living with disability? (YES/NO)					
If YES, describe the nature of disability.					

### 3. Academic Qualification (starting with the highest)

Year		Institution	Award (DEGREE, KCSE, etc.)	Marks/Grade/Class
From	To			

### 4. Employment Details – where applicable (starting with the current/most recent)

Year		Institution/Organization	Designation	Gross Salary (in KES)
From	To			

### 5. Abilities, Skills and Experience

Please give details of your abilities, skills and experience which you consider relevant.

### 6. Referees (people who have interacted with you professionally)

a.	Full Name				
	Occupation				
	Phone No.		Email Address		
b.	Full Name				
	Occupation				
	Phone No.		Email Address		

### 7. 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 of Application		Signature of the Applicant	
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