# ST. PAUL’S UNIVERSITY

# Private Bag- 00217 Limuru, Kenya

**Tel: 0202020505; 0728669000; 0736424440**

# vc@spu.ac.ke

**JOB APPLICATION FORM**

**CONFIDENTIAL**

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

1. Do not leave any item blank. If it is not applicable to you, indicate "N/A."
2. False particulars or willful suppression of material facts will render you liable to disqualification, or, if appointed, to termination and/or appropriate legal proceedings.
3. The University will not enter into correspondence with regard to the reasons for non-selection of candidates.

**POSITION APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Name:**  **………………….. ……………….. ………………**  *Surname* *Middle* *First* | **Current employer:………………………………………**  **Current salary:…………………………………………..**  **When can you report if successful …………………..** |
| **ID/Passport No.:** | **Date of birth:**  **DD MM YY** |
| **Gender:**  **M F** | **Marital Status:** |
| **Contacts: Postal:**  **Tel:**  **email:** | |

**EDUCATIONAL HISTORY**

**INSTITUTIONS ATTENDED AND QUALIFICATIONS OBTAINED**

Start with the latest institution attended and include both academic and professional qualifications.

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** | | **INSTITUTION** | **QUALIFICATION**  **(Degrees, Diplomas, certificates)** |
| **FROM** (when enrolled) | **TO** (Year of graduation) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Publications/Innovations (where applicable, beginning with the most recent. Additional paper may be used)**

|  |  |  |  |
| --- | --- | --- | --- |
| Author(s) | Title of  publications and/or  innovations | Publisher | Year of publication |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMPLOYMENT HISTORY**

Starting with your current or last employer provide as much details as possible. Indicate any name change or any employer you do not wish us to contact)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR**  **FROM – TO** | **EMPLOYER** | **SUPERVISOR’S NAME & TITLE** | **POSITION HELD** | **RESPONSIBILITIES** | **REASON FOR LEAVING** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**REFEREES**

**Please list three persons who are familiar with your character, work and qualifications in light of this position** (not family members)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS/ TELEPHONE** | **E-MAIL** | **POSITION/ TITLE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Spiritual Life Information

1. What is your religious affiliation? (Christian, Muslim, Hindu, none, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If a Christian, are you presently attending church? Yes ( ) No ( )

If Yes, give the name and address of the Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your Pastor’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you involved at your church in any capacity? (Explain briefly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you accept Christ as Lord and Savior? (Explain briefly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly state your personal ministry goals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

I hereby declare that the information given is correct to the best of my knowledge and belief, and that I have not withheld any information which might reasonably be calculated to adversely affect my suitability for employment.

I understand that if at any time the University discovers any false statement, omission, misinterpretation or adverse medical or health condition it may lead to the withdrawal of the offer of employment or termination of employment.

DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_