



NATIONAL POLICE SERVICE

POLICE CONSTABLES APPLICATION FORM

- Please fill the form in neat BLOCK letters
- Do not leave any section blank, sections that do not apply should be marked N/A
- Submit dully completed forms to the recruitment panel at the National Police Service Recruitment Center on the recruitment date

SECTION 1: POSITION APPLIED FOR AND PERSONAL DETAILS

Name of applicant:
(Surname) (First Name) Other Name(s)

Title: Gender: Male ☐ Female ☐
(Mr/Mrs/Miss/Ms)

Nationality ID/NO:

Tribe

County Sub-County Constituency

Division Location Sub-Location

Date of Birth Place of Birth
(dd-mm-yyyy)

Age Weight (kgs) Height

Physical Address

Telephone Number:

Email Address (if applicable)

Position Applied For:

Service Preference: Kenya Police Service ☐ Administration Police Service ☐
General Service Unit ☐

Alternate Contact person

Name Relation:

Physical Address (if applicable):

Telephone Number:

Email Address (if applicable):

SECTION 2: EDUCATIONAL BACKGROUND (starting with the highest) SECTION 1 : POSITION

School/ College /University/ Institution e.t.c	Duration		Award / Attainment (Degree, diploma, certificate)	Course Undertaken	Grade Attained
	From	To			

SECTION 3: CURRENT REGISTRATION/MEMBERSHIP TO PROFESSIONAL BODIES

Professional body	Membership/Registration No.	Membership type (e.g. Associate, Full etc)	Date of Renewal

SECTION 4: EMPLOYMENT HISTORY (starting from the recent)

Employer's name	Duration		Position Held	Monthly gross salary
	From	To		

SECTION 5: DISCIPLINARY/CONVICTIONS

Tick on the box provided where applicable

Have you ever been dismissed or otherwise removed from employment? Yes ☐ No ☐

If Yes, State reason (s) for dismissal/removal.....effective date.....
(dd-mm-yyyy)

Do you have any criminal charges pending and/or awaiting hearing in court?

Yes ☐ No ☐

Have you ever been convicted of any criminal offence?

Yes ☐ No ☐

If yes please tabulate in the table below:

Offence	Year of Conviction	Detail of fine/supervision/Imprisonment

SECTION 6: PHYSICAL & MEDICAL CONDITION

Do you have an injury or psychological or medical condition, disease or infection (e.g. hearing loss) or any other disability, which may affect your ability to perform the duties of the position satisfactorily?

Yes ☐

No ☐

If yes, please provide details and describe any facilities, technical aids, equipment or adaptations to the workplace that you would require to satisfactorily carry out the duties of this position.

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SECTION 7: REFEREE CHECK

*Please indicate the name, position and telephone numbers of **THREE** people you would like to nominate as referees in support of your application (e.g. chief, the principal of your immediate former school, recognized professional). The referees will need to be able to talk to us about your suitability for this position. Referees may be contacted at any time after the short-listing phase.*

(By signing the declaration at the end of this application form you are authorizing the Commission to contact these referees and acknowledging that the information they provide will be supplied in confidence as evaluative material. (the persons nominated must not be a relative).

	Name of Referee	Referee's phone number	Position Held by Referee or Relationship to Applicant
1			
2			
3			

SECTION 8: ADDITIONAL INFORMATION

Indicate the language(s) you are proficient in

Please give details of your abilities, skills and experience which you consider are relevant to the position applied for. The information may include an outline of your most recent achievements and your reasons for applying:

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DECLARATION

- I declare that the information given in this application is true and complete to the best of my knowledge and information.
- I acknowledge the purpose of this application form and the material associated with it is to assist in assessing my suitability for the position I am applying for.
- I authorize the selection panel to contact the referees I have nominated above seeking verbal and/or written information for the purposes of validating my suitability for the position I am applying for.
- I understand that the information provided to the selection panel by my referees is supplied in confidence as evaluative material and will not be disclosed to me.
- I acknowledge that if I give any incorrect or misleading information or if I have omitted any information during the appointment process, I may be disqualified from consideration or, if appointed and this is subsequently discovered, I may be liable for dismissal.
- I understand that under section 25 of the NPSC Act, any person who willfully gives to the Commission any information which is false or misleading in any material particular, commits an offence and shall on conviction be liable to a fine not exceeding two hundred thousand Shillings or to imprisonment for a term not exceeding two years or to both.

Signed: _____

Date: _____