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**EXPORT PROCESSING ZONES AUTHORITY**

**CONFIDENTIAL JOB APPLICATION FORM**

**IMPORTANT INFORMATION - GUIDANCE NOTES ON COMPLETING THE APPLICATION FORM**

Remember - Make sure your application form is well presented to create a good impression.

1. Please type in black ink.
2. **The Job Advert** - read this carefully as it lists the skills, knowledge, qualifications
3. All “text boxes” are expandable. Please keep a copy of your completed form for your own reference
4. Insert a description of your Education and Professional Qualifications and attach copies of certificates of the same and National Identity Card.
5. Attach your CV alongside the application form.
6. Receipt of applications closes on **Monday, 2nd January, 2023 at midnight. East Africa Time.** Interview date will be communicated to shortlisted candidates only. Late applications shall **NOT** be considered.
7. Only shortlisted applicants will be contacted. Any applicant, who does not hear from us should consider him/herself unsuccessful.
8. Canvassing by or on behalf of any applicant will lead to automatic disqualification of the applicant concerned.

**Export Processing Zones Authority is an equal opportunity employer committed to diversity and gender equality. Women and persons with disability are encouraged to apply.**

**Returning the Completed Application Form**

Your completed application form should be returned to the email address:

**epza.jobadverts@epzakenya.com** and should arrive not later than the indicated date.

**CONFIDENTIAL – JOB APPLICATION FORM**

**Personal Details**

|  |  |
| --- | --- |
| **Name of the position applied for** |  |
| **Job Reference No.**  |  | Date of application  |
| **Surname:** |  |
| **Other names:** |  |
| **Marital Status:** |  |
| **Date of Birth:** |  | I.D No.  |
| **Gender:** |  |
| **Declared disability (optional)** |  |
| **Name of Father** |  | Alive/deceased |
| **Name of Mother** |  | Alive/deceased |
| **Ethnicity**  |  |
| **County of Birth** |  | County of Residence |
| **P O Address:** |  |
| **Telephone no:** | Home |  | Work (discretion will be used) |  |
| **Email address:** |  |

**Professional Training/Qualifications**

Schools, Colleges, University etc.: If offered a post with **Export Processing Zones Authority**, you will be required to provide evidence of your qualifications and your certificates will be confirmed and be vetted.

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| **Institution** | **From** | **To** | **Qualifications/Results** | **Examiner & Serial No. of Certificate** |
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**Professional Membership if applicable**

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| **Institution** | **Type of membership** | **Membership No.** |
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**Other relevant training**

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| **Training** | **From** | **To** | **Details** |
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**Employment**

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| --- | --- |
| Name and address of present or most recent employer: |  |
| Date employed: | *From* |  | *To* |  |
| Job Title: |  |
| Summary of duties: |  |
| Current / most recent salary: |  |
| Reason for leaving (if applicable)  |  |
| Notice period required: |  |

**Other employment / experience** (most recent first)

Please include experience relevant to this post which you may have gained outside paid employment, including voluntary work and community service.

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| --- | --- | --- | --- | --- |
| **Employer’s name & address** | **From** | **To** | **Position held and duties** | **Reason for leaving** |
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**Further Information**

Briefly tells us why you consider yourself the most suitable person for this position.

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**References** (one of them should be your current or most recent employer)

In event of your being offered a position with **Export Processing Zones Authority**, we shall take up references **covering the full three years preceding your start with us.**

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|  | **Referee 1** | **Referee 2** |
| Name: |  |  |
| Job Title: |  |  |
| Address: |  |  |
| Telephone no: |  |  |
| Email address: |  |  |
| Relevant dates of interaction with referee |  |  |
|  | **Referee 3** | **Referee 4** |
| Name: |  |  |
| Job Title: |  |  |
| P O Address: |  |  |
| Telephone no: |  |  |
| Email address: |  |  |
| Relevant dates of interaction with referee |  |  |

I declare that, to the best of my knowledge, the information on this form is correct

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |