

**REPUBLIC OF KENYA
COUNTY GOVERNMENT OF TURKANA**



COUNTY PUBLIC SERVICE BOARD

Turkana County Internship Programme - Application for Internship Form

Please provide short and clear answer on the following questions

A. Biographic Information:

Name of the Applicant:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Age (Years):	
Place of Birth	County: _____	Marital Status:	
	Sub-County: _____	ID No.:	
	Ward: _____		
	Village: _____		
Permanent Address (County/Sub-County):	P.O. Box _____ Postal Code _____	Present Address:	P.O. Box ____ Postal Code _____
Disability Status:	<input type="checkbox"/> Physically <input type="checkbox"/> Mentally <input type="checkbox"/> Visually	<input type="checkbox"/> Other (Please specify) _____	
Contact Information:	Mobile:		
	Email Address:		

B. Other Information: What particular technical areas are you specialized in?

Please tick only ONE

- | | |
|--|--|
| <input type="checkbox"/> Finance(Accounts) | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Health | <input type="checkbox"/> ICT |
| <input type="checkbox"/> Social work | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Tourism | <input type="checkbox"/> Survey |
| <input type="checkbox"/> Veterinary services | <input type="checkbox"/> Procurement |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Water Engineering | <input type="checkbox"/> Urban Management |
| <input type="checkbox"/> Roads Engineering | <input type="checkbox"/> Mechanics |
| <input type="checkbox"/> Human Resource | |

- Statistics
- Economics
- Natural Resources
- Mineral Resources
- Actuarial Science

NOTE: If you have any other specialty kindly, mention

C. Computer Skills: Please tick to indicate your level of computer literacy

- No
- Yes

If yes, attach a copy of computer certificate

D. Academic Qualifications:

Level	Major Field	Institution	Date (from - to)	Result	Major focus/ Subjects

E. Training/Seminar/Workshop attended:

Name of Training/ Workshop/ Seminar, etc.	Dates (From-To)	Venue/ Location	Organizer /Institute

F. Referees (Please include Email & mobile number):

S.N.	Name of the Referee	Post & Church/ Organization	Contact Number	Email
I.				

I hereby certify that the information provided is correct and true to the best of my knowledge

Applicant's Signature: _____ Date: _____

NOTES: Application form should be filled in own hand writing and must be accompanied with the following;

- A. Certified copies of academic certificates and testimonials
- B. Certified copies of National Identification Card (Both Sides)