

Ministry of Technology, Communication and Innovation

**Application Form for the Post of Driver in the Ministry of Technolgoy,
Communication and Innovation**

PART A: To be filled by Applicant

1. Surname (in block letters):.....
2. Other Names:.....
3. Date of Birth:.....
4. National Identity No:
5. Sex (please tick):
Male Female
6. Tel (Office)..... Mobile:.....
7. Residential Address (in block letters):.....
8. Date joined service:.....
9. Post/Capacity when joined service:.....
10. Date of first appointment /employment:.....
11. Date transferred on PPE:.....
12. Present Appointment/Employment:.....
13. Date of Present Appointment/Employment:.....
14. Posting (i) Present Ministry/Department:.....
(ii) Place of Work:.....
15. Examinations passed (please enclose photocopies of certificates and a copy of a valid driving licence (manual gear) to drive cars or vans or minibuses or lorries up to five tons).....

Results of CPE/Year:.....
16. Experience relevant to the post applied for (please attach documentary evidence).....

17. Have you ever been subject to disciplinary action? Please tick as appropriate.

Yes

No

If yes, indicate nature of offence and date of outcome.

.....

Date:.....

Signature of Applicant:.....

PART B: To be filled by Ministry/Department concerned

1. I certify that the particulars given in Part A above are correct/not correct in respect of the following items*

.....

*Delete if not applicable

2. Does the applicant reckon experience in the duties of Driver? Yes/No.

If yes, please give details with dates, e.g performed, etc.

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3. Does applicant have a basic knowledge of mechanics and simple vehicle maintenance (please submit documentary evidence, if any)

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4. Has applicant been subject to disciplinary action during the last five years? Yes/No.

If yes, please give details.

5. Report on work, conduct and attendance of applicant.

(i) Work:.....

(ii) Conduct:.....

(iii) Attendance:.....

6. State of sick leave and unauthorized absences without pay taken by applicant.

| YEAR | NO. OF DAYS SICK LEAVE | NO. OF DAYS OF UNAUTHORIZED ABSENCES WITHOUT PAY |
|----------------|---------------------------|---|
| 2014 | | |
| 2015 | | |
| 2016 | | |
| 2017 (to date) | | |

Signature:.....

Name:.....

Post Held:.....

Phone No:.....

Date:.....