

## **MACHAKOS UNIVERSITY**

## JOB APPLICATION FORM (TEACHING POSITIONS) (TO BE TYPED IN AND SUBMITTED WITH THE APPLICATION LETTER)

| 1. PERSONAL DETAILS                  |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
|--------------------------------------|-----------------|----------------|------|----------|---------|---|--------------|--------------|------------|----------------|---------------------|---------------------------------------|----------------|--------------------|--|--|
| Title:                               | Title: Surname: |                |      |          | F       |   |              | First Name:  |            |                |                     | Middle Name:                          |                |                    |  |  |
| Date of Birth:                       |                 |                |      | Gender:  |         |   | I.D. No.:    |              |            |                | Person              | Person Living With Disability: Yes/No |                |                    |  |  |
| Marital Status:                      |                 |                |      | County:  |         |   | Nationality: |              |            | Ethinicity:    |                     |                                       |                |                    |  |  |
| 2. APPLIC                            | ATI             | ON DETA        | ILS  |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| Position App                         | lied f          | or:            |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| School:                              |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| Department:                          |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| Area of Speci                        |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
|                                      | DAR             | Y SCHOO        |      |          | ATION   |   |              |              |            | •              |                     |                                       |                |                    |  |  |
| Level                                |                 | Se             | Mean |          |         | Grade/Division                                |              | From T       |            | 0              | Certificate Awarded |                                       |                |                    |  |  |
| ,O,                                  |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 'A'                                  |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| Others                               |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 4. POST SECONDARY SCHOOL EDUCATION   |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| Qualification                        | n               | Institution    |      |          | l       | Area of Specialization  Degree Classification |              |              |            |                |                     |                                       | To<br>(Year)   | Year of Graduation |  |  |
| Ph.D.                                | Ph.D.           |                |      |          |         | Degree Classification                         |              |              |            | (= 242)        |                     | (= ===)                               |                |                    |  |  |
| Masters                              |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| Bachelors                            |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| Diploma                              |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| Others                               |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 5. ADDITI                            |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| Qualification                        |                 | Examining Body |      |          | y       | From  |              | To           | To C       |                | Certificate Awarded |                                       |                |                    |  |  |
|                                      |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
|                                      |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
|                                      |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 6. MEMB                              | ERS             | HIP TO P       | ROI  | FESS     | IONAL B | OD  | Y(IES        | ) (PAST A    | ND I       | PRES           | ENT)                |                                       |                |                    |  |  |
| Name of Body                         |                 |                |      | Category |         |   | Ye           |              | ear Joined |                | l                   |                                       | Current S      | Status             |  |  |
|                                      |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
|                                      |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
|                                      |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
|                                      |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 7. PUBLICA                           |                 |                | ER-I | REFE     |         | )UI   |              |              |            |                |                     |                                       |                | · /-               |  |  |
| Authors                              |                 |                | Year |          |         | Name of Journal                               |              |              |            | Volun          | ne/Issue            | ue Page Numbers                       |                |                    |  |  |
| 1.                                   |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 2.                                   |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 3.                                   |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 4.                                   |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 5.                                   |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 8. BOOKS AND BOOK CHAPTERS PUBLISHED |                 |                |      |          |         |   |              |              |            | •              |                     |                                       |                |                    |  |  |
| Authors                              |                 |                |      |          | Year    |   | Na           | Name of Book |            | Chapter Number |                     |                                       | r Page Numbers |                    |  |  |
| 1.                                   |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 2.                                   |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 3.                                   |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |
| 4.                                   |                 |                |      |          |         |   |              |              |            |                |                     |                                       |                |                    |  |  |

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| 5.  |              |                          |  |               |               |              |   |              |           |   |  |
| O ATTENDANC   | TE TO COL    | MERDEN                   | CEC WO   | DIVELLODE 6   | DEMINA DO     | CINC         | T T A C   | T DD         | OMOTIC    | NI (I ATECT 5)                                |  |
| 9. ATTENDANC  | Name of      | ORKSHOPS, S              | , and the second |               |               |              | ST PROMOTION (LATEST 5)<br>re Presented a Papers? |              |           |   |  |
| 1.  | Name of      | Comere                   | nce  |               | rear          | Year         |   | e            | Prese     | med a Papers:                                 |  |
| 2.  |              |                          |  |               |               |              |   |              |           |   |  |
| 3.  |              |                          |  |               |               |              |   |              |           |   |  |
| 4.  |              |                          |  |               |               |              |   |              |           |   |  |
| 5.  |              |                          |  |               |               |              |   |              |           |   |  |
| 10. EMPLOYM   | ENT HIST     | ORY (CU                  | JRRENT   | AND LAST T    | THREE)        |              |   |              |           |   |  |
|   | Institution  |                          |  |               | Position      |              |   |              | From      | To  |  |
|   |              |                          |  |               |               | (Month/Year) |   | (Month/Year) |           |   |  |
| 1.  |              |                          |  |               |               |              |   |              |           |   |  |
| 2.  |              |                          |  |               |               |              |   |              |           |   |  |
| 3.  |              |                          |  |               |               |              |   |              |           |   |  |
| 4.  |              |                          |  |               |               | L            |   |              |           |   |  |
| 11. ADMNISTR  |              | SITION                   | S HELD (   |               |               | EVIO         | USLY  |              |           |   |  |
| Ins   | titution     |                          |  | Posi          |               |              | Fro   |              | To        |   |  |
| 1   |              |                          |  | <del> </del>  |               |              |   | Ionth        | /Year)    | (Month/Year)                                  |  |
| 1.  |              |                          |  |               |               |              |   |              |           |   |  |
| 3.  |              |                          |  |               |               |              |   |              |           |   |  |
| 12. ONGOING F   | PESEARCI     | HACTI                    | TTIFS  |               |               |              |   |              |           |   |  |
|   | ne of Proje  |                          | TITES  | Funding       | r Rody        |              | Amou  | nt (K        | chc)      | Status  |  |
| 1.  | ie or r roje | <u> </u>                 |  | Funding Body  |               |              |   | ш (13        | 5115)     | Status  |  |
| 2.  |              |                          |  |               |               |              |   |              |           |   |  |
| 3.  |              |                          |  |               |               |              |   |              |           |   |  |
| 13. EVIDENCE  | OF PROG      | RESS TO                  | WARDS  | OBTAINING     | HIGHER        | QUAL         | IFICA   | TIO          | NS (where | applicable)                                   |  |
| Programme   |              |                          |  |               |               |              |   |              | `         | <u>, , , , , , , , , , , , , , , , , , , </u> |  |
| Date of registration  | n            |                          |  |               |               |              |   |              |           |   |  |
| Institution   |              |                          |  |               |               |              |   |              |           |   |  |
| Area of specializat   |              |                          |  |               |               |              |   |              |           |   |  |
| Progress made so far (Brief only – 100 words) – Attach evidence to the application letter |              |                          |  |               |               |              |   |              |           |   |  |
|   |              |                          |  |               |               |              |   |              |           |   |  |
|   |              |                          |  |               |               |              |   |              |           |   |  |
|   |              |                          |  |               |               |              |   |              |           |   |  |
|   |              |                          |  |               |               |              |   |              |           |   |  |
|   |              |                          |  |               |               |              |   |              |           |   |  |
|   |              |                          |  |               |               |              |   |              |           |   |  |
| 14. EXPERIENC   | CE OF PAI    | RT-TIME                  | UNIVER   | RSITY TEAC    | HING          |              |   |              |           |   |  |
| Institution   |              |                          |  | School        |               |              |   |              | From      | To  |  |
|   |              |                          |  |               |               |              |   | (M           | onth/Year | ) (Month/Year)                                |  |
| 1.  |              |                          |  |               |               |              |   |              |           |   |  |
| 2.  |              |                          |  |               |               |              |   |              |           |   |  |
| 3.  |              |                          |  |               |               |              |   |              |           |   |  |
| 4.  |              |                          |  |               |               |              |   |              |           |   |  |
| 5.  |              |                          |  |               |               |              |   |              |           |   |  |
|   |              | UDENTS                   |  | VISED SINCE   |               | OMOT         |   |              |           |   |  |
| Stude   | I            | Level (Masters or Ph.D.) |  |               | S             | tatus        | (On going   | g/Completed) |           |   |  |
| 1.  |              |                          |  |               |               |              |   |              |           |   |  |
| 2.  |              |                          |  |               |               |              |   |              |           |   |  |
| 4.  |              |                          |  |               |               |              |   |              |           |   |  |
| 5.  |              |                          |  |               |               |              |   |              |           |   |  |
| J.  |              |                          |  |               |               |              |   |              |           |   |  |
| Ī   |              |                          |  |               | ID No         |              |   |              |           | do hereby                                     |  |
| certify that the in   | formation r  | provided l               | nerein is ti   | ue and accura | te to the bes | st of my     | v know  | ledge        | and I und | lerstand that any                             |  |
| false information   |              |                          |  |               |               |              | ,   | -5           |           |   |  |
|   |              |                          | , 3  |               |               |              |   |              |           |   |  |
|   |              |                          |  |               |               |              |   |              |           |   |  |
| Signed:   |              |                          |  | Date:         |               |              |   |              |           |   |  |