

COUNTY GOVERNMENT OF KITUI



COUNTY ASSEMBLY OF KITUI

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P.O.BOX 694-90200
KITUI

COUNTY ASSEMBLY OF KITUI COMMITTEE ON HEALTH AND SANITATION

PUBLIC APPOINTMENTS (COUNTY ASSEMBLIES APPROVAL) ACT FIRST SCHEDULE (s. 7(9))

QUESTIONNAIRE ON VETTING OF NOMINEE FOR APPOINTMENT AS A COUNTY CHIEF OFFICER IN THE COUNTY DEPARTMENT OF HEALTH AND SANITATION BY THE COUNTY ASSEMBLY

Notes:

- i) This questionnaire is to be filled by the nominee to the committee through the clerk on or before the date appointed by the committee.
- ii) Submission of false information through this questionnaire shall lead to automatic disqualification of a nominee.
- iii) Any form of canvassing by a nominee shall lead to disqualification.
- iv) All questions MUST be answered.

1.	NAME: (state full name)	
2.	POSITION: (state office to which you have been nominated)	
3.	SEX:	
4.	DATE OF BIRTH:	
	PLACE OF BIRTH:	
5.	MARITAL STATUS:	
6.	MOBILE PHONE NUMBER:	
7.	EMAIL ADDRESS:	
8.	ID CARD NUMBER:	

9.	KRA PIN NUMBER:	
10.	NATIONALITY;	
11.	POSTAL ADDRESS:	
12.	TOWN/CITY:	
13.	KNOWLEDGE OF LANGUAGES: (specify languages)	
14.	EDUCATION: (list in reverse chronological order, each university, college, or any other institution of higher education attended and indicate, in respect of each the date of attendance, academic award obtained whether a degree was awarded and the dates on which each such degree was awarded)	
15.	EMPLOYMENT RECORD: (list in reverse chronological order all government agencies , business or professional corporations , companies, firms or other enterprises with which you have been affiliated as an officer, director, partner, proprietor, employee or consultant)	
16.	HONOURS OF AWARDS: (list any scholarships , fellowships honorary degrees, academic or professional honours, honorary society membership, military awards and any other special recognition for outstanding service or achievement and in respect of each, state the date of the award and the institution or organization that made that award)	
17.	PROFESSIONAL ASSOCIATIONS (where applicable): (list all professional associations of which you are or have been a member and give any positions held and the respective	

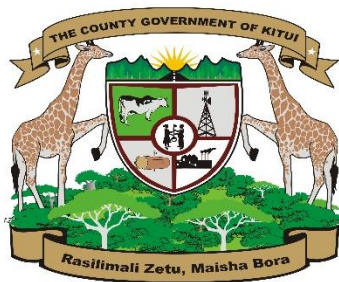
	dates when each position was held)	
18.	MEMBERSHIPS: (List all professional, business, fraternal, scholarly, civic, charitable or other organizations, (other than those listed in response to Question 16) to which you belong or have belonged)	
19.	PUBLISHED WRITINGS: (a) List the titles, publishers and dates of books, articles, reports letters to the editor, editorial pieces or other published materials you have authored or edited.	
	(b) Supply four (4) copies of any reports, memoranda or policy statements you prepared or contributed in the preparation of any bar association, committee, conference or organization of which you were a member.	
20.	PUBLIC OFFICE, POLITICAL ACTIVITIES AND AFFILIATIONS: (a) List chronologically any public offices you have held or are currently holding, including the terms of service and whether such positions were elected or appointed.	
	(b) List all memberships and offices held in and services rendered, whether compensated or not, to any political party or election committee. If you have ever held a position or played a role in a political campaign, identify the particulars of the campaign, including the candidate, dates of the campaign, your title and responsibilities. Also include any linkage you	

	have to a political party at present.	
	(c) Have you ever been dismissed or otherwise removed from office for a contravention of the provisions of Article 75 of the Constitution? (conduct of state officers)	
	(d) Have you ever been adversely associated with practices that depict bias, favouritism or nepotism in the discharge of public duties?	
21.	DEFERRED INCOME/ FUTURE BENEFITS: (List the sources, amounts and dates of all anticipated receipts from deferred income arrangements, stock, options, uncompleted contracts and other future benefits which you expect to derive from previous business relationships, professional services, firm memberships, etc).	
22.	OUTSIDE COMMITMENT DURING SERVICE IN OFFICE: (Do you have any plans, commitments or agreements to pursue outside employment with or without compensation during your service in office? If so explain).	
23.	SOURCES OF INCOME: (List sources and amounts of all income received during the	

	calendar year preceding your nomination and in the current calendar year).	
24.	TAX STATUS: (Attach your Kenya Revenue Authority Clearance Certificate.	
25.	STATEMENT OF NET WORTH: (State your financial net worth).	
26.	POTENTIAL CONFLICTS OF INTEREST: (a) Identify the family members or other persons, parties, categories of litigation or financial arrangements that are likely to present potential conflicts-of-interest when you first assume the position to which you have been nominated. Explain how you would address any such conflict if it were to rise.	
	(b) Explain how you will resolve any potential conflict of interest, including the procedure you will follow in determining these areas of concern.	
27.	PRO-BONO/CHARITY WORK/DONATIONS TO CHARITY: (Describe what you have done by way of pro bono or charity work, listing specific instances, the amount contributed and the amount of time devoted to each).	
28.	HAVE YOU EVER BEEN CHARGED IN A COURT OR LAW IN THE LAST THREE YEARS? (If so, specify the nature of the charge, where the matter is ongoing, the present status of the matter, or where the matter is concluded, the judgment of the court, or otherwise, how the case was concluded.	

29.	<p>HAVE YOU EVER BEEN ADVERSELY MENTIONED in an investigatory report of Parliament/county assembly or any other Commission of inquiry in the last three years?</p>	
30.	<p>HAVE YOU ANY OBJECTION TO THE MAKING OF ENQUIRIES with your present employer/referees in the course of consideration of your nomination? If yes, explain:</p>	
31.	<p>REFERENCES: (List three persons who are not your relatives who are familiar with your character, qualification and work).</p>	<ol style="list-style-type: none"> 1. 2. 3

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**COUNTY ASSEMBLY OF KITUI COMMITTEE ON HEALTH AND
SANITATION**

**PUBLIC APPOINTMENTS (COUNTY ASSEMBLIES APPROVAL) ACT
SECOND SCHEDULE (s. 7(9))**

ASSESSMENT FORM

Name of Candidate:

Interviewer:

	RATINGS		
	MARKS AVAILABLE	MARKS AWARDED	COMMENTS
Work experience (as it relates to the position)	25		
Education/training (relevant to the position)	25		
Interest in and knowledge relating to specific position	15		

Communication skills (written/oral)	10		
Presentation (promptness, neatness of resume/application, appearance)	10		
Decision making/ problem solving skills.	15		
Total marks	100		

Signature:

Date:

Note:

The relevant experience to be assessed will depend on the job in question.
Each panel member should fill in the form independently.