## COUNTY GOVERNMENT OF TRANS-NZOIA

CPSB F.1B

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P.O. BOX 4210-30200 KITALE

## COUNTY PUBLIC SERVICE BOARD

① Mob: (+254) 713 635 352

Transforming the public service workforce

To be submitted in respect of each shortlisted candidate in the County Public Service before the interview date. Both open and confidential files of the candidates and the last two years appraisal reports should be availed to the CPSB at least three days before the interview date

	o be complete	ed by the Head	of De	partn	nent /Supervis	or			
Name of candidate:									
	(Surname)	(First Name)		Other Name(s)		(Pro	of/Dr/Mr/Mrs/Miss/l		
ID No/Passport No.:		I		Personal No.:					
Vacancy/Post applied for :			Va	Vacancy No.:					
Department:					Unit:				
Title of Present Substantive Post				Job Group/So					
Date of Current Appointment									
Academic Qualification. e.g. (Diploma in HR from JKUAT, 1998) from the highest  Professional Qualification. e.g. CPA(K), 2002		1.         2.         3.         4.         5.         1.         2.         3.         4.							
Other Courses attended. e.g. (SMC from KSG, 2000)		1							
I recommend/do not Give reasons:	recommend the	e candidate for t	he vac	cancy.	•				

Please indicate the last two years' Performance Appraisal ratings for the candidate									
			%					%	
	- 1 05				<u> </u>				
Name of Head of Department / Supervisor:									
Personal/Employment No									
Designation(Substantive Appointment)									
Job Group/Scale									
Departme	ent								
Date:		S	ignature						

## Please note:

• This form should be submitted to the CPSB under confidential cover.