

**GOVERNMENT OFFICERS WILLING TO WORK FOR ELECTIONS AND/OR  
HOUSE-TO-HOUSE ENQUIRIES (CANVASS)**

**APPLICATION FORM**

<b>D/L</b>	for Office Use		

**1 PARTICULARS OF APPLICANT (USE CAPITAL LETTERS)**

1.1 National Identity Card No 



 1.2 Title (Mr/Mrs/Ms)

1.3 Surname

1.4 Other Name(s) in full

1.5 Maiden Name (where applicable)

1.6 Permanent residential address


**2 PARTICULARS OF PRESENT OCCUPATION**

2.1 Post Held: ..... 2.2 Payscale Code No:


2.3 Ministry/Department: .....

2.4 Office/School/Station/Section where you are actually working: .....


**3 GENERAL INFORMATION**

3.1  Office 



 3.2  Home 



 3.3  Mobile

3.4 Email address: .....

3.5 Constituency No.

3.6 Do you own a car?\*      Yes       No

3.6.1 If yes, are you willing to use your car during election?\*      Yes       No

3.7 Are you interested to work for house to house enquiry?\*      Yes       No

\*Tick the appropriate box

**P.T.O**

**4 DECLARATION OF APPLICANT**

4.1 I, the undersigned, declare that the information given above is true and correct; and that I am eligible to work for elections and/or house-to-house enquiries in that:-

- (i) I am a civil servant;
- (ii) I have not resigned or retired from the service;
- (iii) I have not taken up employment in a parastatal body, statutory body, local authority or the private sector;
- (iv) I am not on leave without pay (except for study purposes);
- (v) I am not employed in the Civil Service on a contract basis; and
- (vi) I am not under interdiction.

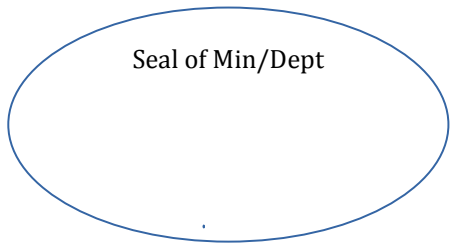
4.2 I also undertake to inform the Office of the Electoral Commissioner **immediately** in case I no longer satisfy any of the conditions above, or in case of any change in my particulars or status.

Date: .....

.....  
*Signature of Applicant*

**5 CERTIFICATE FROM HEAD OF MINISTRY/DEPARTMENT(COMPULSORY)**

I certify that the particulars given under Sections 1, 2 and 4.1 of this application form are correct.



[ Name: .....

Head of Min./Dept.: [ Status: .....

Date : .....

[ Signature: .....

**N.B: INCOMPLETE OR INACCURATE FORMS OR THOSE NOT BEARING THE SEAL OF THE MINISTRY /DEPARTMENT WILL BE REJECTED**