# GOVERNMENT OFFICERS WILLING TO WORK FOR HOUSE-TO-HOUSE INQUIRY(CANVASS) AND/OR ELECTIONS

		APPLICATION FORM							D/L	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 Paysite 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	Horr	ne				3.3 Mobile				
;	3.4 Email address:													
;	3.5 Constituency No	).												
3.6 Name of Polling Station where you vote:														
;	3.7 Are you intereste	ed to work fo	or house to	house inqu	iiry?* Y	′es		No						
:	3.8 Do you own a ca	ar?*	Yes		No									
	3.8.1 If yes, are election?*	you willing t	to use your	car during	Ye	es		No						

### 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 house-to-house inquiry and/or elections:
  - (i) I am a public officer;
  - (ii) I have not taken up employment in parastatal and statutory bodies, local authorities or the private sector;
  - (iii) I am not on leave without pay;
  - (iv) I am not employed in the service on a contract basis;
  - (v) I have not resigned or retired from the civil service; and
  - (vi) I am not under interdiction or have not been dismissed.
- 4.2 I also undertake to inform the Office of the Electoral Commissioner immediately -
  - (i) of any change in my particulars or status; or
  - (ii) in case I am not qualified as indicated in the above declaration.

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.								
Seal of Min/Dept	[	Name:						
. Head of Min./Dept.:	[	Status:						
Date :	[	Signature:						

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