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

		APPLICATION FORM D/L for Office Use								
1	1 PARTICULARS OF APPLICANT (USE CAPITAL LETTERS)									
	1.1	National Identity Card No 1.2 Title (Mr/Mrs/Ms)								
	1.3	Surname United 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									
	3.4	Email address:								
	3.5	Constituency No.								
	3.6	Name of Polling Station where you vote:								
	3.7	Do you own a car?* Yes No								
		3.7.1 If yes, are you willing to use your car during Yes No								

*Tick the appropriate box

Are you interested to work for house to house enquiry?*

P.T.O

4	DI	ECLARATION OF APPLICANT						
4.1	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 hou							
	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 p	rivate 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 abo or in case of any change in my particulars or status.							
Dat	e:							

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 OR INACCURATE FORMS OR THOSE NOT BEARING THE SEAL OF THE MINISTRY /DEPARTMENT WILL BE **REJECTED**