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| Logo, company name  Description automatically generatedPERSONAL HISTORY | AFFIX PHOTOGRAPH HERE |
| INSTRUCTIONS: Please answer every question **clearly and completely**. **Type or print in ink.** If you need more space, attach additional pages of the same size. Be sure to sign and date the form.  |
| 1. Surname | First Name | Middle Name | Maiden Name |
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| 2. (A) Present Residence (Specify City, Province or State, and Country) | (B) Years of Residence |
|  |  |
| 3. Mailing Address | HOME | OFFICE |
|  | Tel. No: | Tel. No: |
| Fax. No: | Fax No: |
| E-Mail: | E-Mail: |
| 4. (A) Place of Birth | (B) Date of Birth | (C) Nationality/Citizenship  | (D) Nationality/Citizenship at birth (if different) |
|  |  |  |  |
| 5. Sex (Type x) | 6. Marital Status (Type x) |
| Male [ ]  Female [ ]  |  Single [ ]  Married [ ]  Widow(er) [ ]  Divorced [ ]  Separated [ ]  |
| 7. Have you any dependants? No [ ]  Yes [ ]  If answer is “Yes” give following information: |
| Name | Date of Birth | Relationship | Name | Date of Birth | Relationship |
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| 8. Have you taken up legal residence status in any country other than that of your nationality? | 9. Have you taken any legal steps towards changing your present nationality? No [ ]  Yes [ ]  If answer is “Yes”, explain fully. |
|  No [ ]  Yes [ ] If answer is “Yes”, which country? |
| 10. Have you any near relatives who are employed by a public international organization? No [ ]  Yes [ ]   If answer is “Yes” give following information: |
| Name | Relationship | International Organization |
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| 11. For what kinds of work do you wish to be considered?(Give Vacancy Notice number if applicable). | 12. FOR SECRETARIAL/CLERICAL PURPOSES ONLY Indicate speed in words per minute |
|  | English | French | Spanish | Other languages |
|  |
| Typing |  |  |  |
| Shorthand |  |  |  |

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| 13. LANGUAGES | READ | WRITE | SPEAK | 14. **FOR ALL APPLICANTS** Special skills you possess and machines and equipment you can use (including knowledge of computer software applications): |
| **(List mother-tongue first)** | Ex-cellent | Good | Fair | Ex-cellent | Good | Fair | Ex-cellent | Good | Fair |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 15. Would you accept employment anywhere? Yes [ ]  No [ ]  If answer is “No” specify reservations: |
| 16. Are you willing to accept a post requiring travel? Yes [ ]  No [ ]  If answer is “Yes” indicate: Occasionally [ ]  Frequently [ ]  Constantly [ ]  |
| 17. Would you accept short-term employment? Yes [ ]  No [ ]  If answer is “Yes” indicate: 1 to 3 months [ ]  3 to 6 months [ ]  6 to 12 months [ ]  |
| 18. Have you previously submitted an application for employment with an international organization? If answer is “Yes” specify organization and date: |
| 19. EDUCATION: Give full details, using the following space insofar as it is appropriate. **(PLEASE COMPLETE ALL SECTIONS)** (A) University or equivalent |
| Name and Place | Years Attended | Degrees and Academic Distinctions | Main Subjects |
| From | To |
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| (B) Schools or other formal education or training from age 14 (e.g. high school, technical school, or apprenticeship) |
| Name and Place | Type | Years Attended | Certificates, Diplomas Obtained |
| From | To |
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| 20. List professional societies, and activities in civic, public or international affairs. |
| 21. List any significant publications you have written **(DO NOT ATTACH)** |
| 22. EMPLOYMENT RECORD: **Starting with your present or most recent post,** list in reverse order every employment during the last ten years and any significant experience not included in that period which you believe will be helpful in evaluating your record. Use a separate block for each post. Use additional sheets of paper as required. Include service in the armed forces. ALL DETAILS TO BE COMPLETED ON THIS FORM |
| Dates | Salaries per annum (excl. allowances) | Exact title of your post |
| From | To | Starting | Final | Duty Station |
|  |  |  |  | Type of Business |
| Name of Supervisor | Number and kind of employees supervised by you |
| Name of Employer | Reason for leaving, if applicable |
| Address of Employer |
| Description of your work |
| Dates | Salaries per annum (excl. allowances) | Exact title of your post |
| From | To | Starting | Final | Duty Station |
|  |  |  |  | Type of Business |
| Name of Supervisor | Number and kind of employees supervised by you |
| Name of Employer | Reason for leaving |
| Address of Employer |
| Description of your work |
| Dates | Salaries per annum (excl. allowances) | Exact title of your post |
| From | To | Starting | Final | Duty Station |
|  |  |  |  | Type of Business |
| Name of Supervisor | Number and kind of employees supervised by you |
| Name of Employer | Reason for leaving |
| Address of Employer |
| Description of your work |
| Dates | Salaries per annum (excl. allowances) | Exact title of your post |
| From | To | Starting | Final | Duty Station |
|  |  |  |  | Type of Business |
| Name of Supervisor | Number and kind of employees supervised by you |
| Name of Employer | Reason for leaving |
| Address of Employer |
| Description of your work |
| 23. Have you any objections to our making inquiries of your present employer? Yes [ ]  No [ ]  |
| 24. REFERENCES: List three persons not related to you who are familiar with your character and qualifications. **Do not repeat names of supervisors listed under Item 22**. |
| Full Name | Full Address (Telephone No. if known) | Business or Occupation |
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| 25. LEGAL CONVICTIONS (Include all convictions other than those for minor violations of road traffic regulations) |
| Charge | Date | Where tried | Conviction |
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| 26. State any other relevant facts. Includes information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc. Also state any disabilities which might limit your field of work**. Final appointment will be subject to a medical examination.** |
| I certify that the statements made by me in answer to the foregoing questions are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for the withdrawal of any offer of appointment or summary dismissal if an appointment has been accepted. |
| **Date:** |  | **Signature**: |  |