									1	
<b>INSTRUCTIONS</b> Please answer each question clearly and completely. TYPE OR PRINT LEGIBLY. <b>Read</b> carefully and follow all directions.					IITED	NATION NATION		Do not Write	in This Space	
1 Eamily name	Einer	t nomo		11	Middle name	msio		an nama if any		
1. Family name	First	rst name			Middle name		Maide	en name, if any		
2. Date of (day/month/yr) Birth	3. Place o	of birth 4. Nationality(ies			nality(ies) at birth	5. Present Nationality(ies) 6. Sex				
7. Height 8. Weight 9. Marital Status: Single			Married Separated			Widow(er) Divorced				
			signment to any area of the world in which							
<ul> <li>(a) Are there any limitations on your ability to perform in your prospective field of work? YES NO</li> <li>(b) Are there any limitations on your ability to engage in all travel? YES NO</li> </ul>										
11. Permanent address			12. Present address			13. Office Telephone No.				
Telephone No. ( )			Telephone/Fax No. ( )			14. Office Fax No. ( ) <b>E-mail:</b>				
15. Do you have any dependent	nt children?	YES 🗌 N	O I	f the ans	wer is "yes", give th	e following in				
Name of Children					Place of E		Nationality		Gender	
Name of Children		Date of Birth	(day/mo/	year)	Place of E	sirth	Nationality		Jender	
15. (a) Name of Spouse										
16. Have you taken up legal p If answer is "yes", which c		ence status in a	ny countr	y other 1	than that of your nati	ionality?	YES NO			
17. Have you taken any legal steps towards changing your present nationality? YES NO I If answer is "yes", explain fully:										
18. Are any of your relatives If answer is "yes", give th			ional orga	nizatior	n? YES	NO 🗌				
NAME			Relationship			Name of International Organization				
19. What is your preferred field of work?										
20. Would you accept employment for less than six months?       21. Have you previously submitted an application for employment and/or undergone any tests with U.N.? YES NO I If so, when?						ne any tests				
22. KNOWLEDGE OF LANC	-	-	er tongue?			1		I		
OTHER LANGUAGES READ					WRITE	SPEAK		UNDER		
	Easily	Not Easil	ly	Easily	Not Easily	Fluently	Not Fluently	Easily	Not Easily	
				H						
				H						
				H						
23. For clerical grades only     List any office machines or equipment and										
Indicate speed in words per minute computer programmes you use.										
	English	French		Other	languages	, î				
Typing	-					4				
Shorthand										

<ul> <li>24. EDUCATION, Give full details – N.B. Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.</li> <li>A. University or equivalent</li> </ul>							
NAME, PLACE AND	COUNTRY	ATTENDED FROM/TO Month/Year Month/Year			DEGREES and ACADEMIC DISTINCTIONS OBTAINED		MAIN COURSE OF STUDY
Please give comple	te address.	Month/Year	Month/ Year	DISTINCTION	NS OBTAI		
		L TRAINING	OR EDUCATIO				chnical school or apprenticeship)
NAME, PLACE AND Please give comple		TY	PE	FROM	YEARS ATTENDED FROM TO		CERTIFICATES OR DIPLOMAS OBTAINED
25. LIST PROFESSION	AL SOCIETIES AN	D ACTIVITIES	S IN CIVIC, PUBI	IC OR INTERNATI	ONAL AF	FAIRS	
26. LIST ANY SIGNIFI	ICANT PUBLICAT	IONS YOU HA	VE WRITTEN (	DO NOT ATTACH)			
27 EMPLOYMENT RE	CORD: Starting wit	h vour present r	ost, list in REVER	SE ORDER every en	nployment	vou have had	. Use a separate block for each post.
Include also service i the same size. Give b	n the armed forces a	nd note any per	od during which y	ou were not gainfully	y employed	1. If you need	more space, attach additional pages of
A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)							
FROM	ТО		SALARIE	S PER ANNUM	EVACT TITLE OF VOUD DOOT		TLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STAI	STARTING				
NAME OF EMPLOYER:				TYPE OF BUSI	TYPE OF BUSINESS		
ADDRESS OF EMPLOYER: NAME OF SUPERVISOR							
					IO. AND KIND OF EMPLOYEES REASON FOR LEAVING UPERVISED BY YOU:		REASON FOR LEAVING
DESCRIPTION OF YOUR DUTIES:							

FROM	ТО	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:		
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL			
NAME OF EMPLO	DYER:		TYPE OF BUSINESS:			
ADDRESS OF EM	PLOYER:		NAME OF SUPERVISOR:			
			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:		
		]	YOUR DUTIES			
FROM	ТО	SALARIES F	PER ANNUM	EXACT TITLE OF YOUR POST:		
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	_		
NAME OF EMPLO	OYER:			TYPE OF BUSINESS:		
ADDRESS OF EM	PLOYER:			NAME OF SUPERVISOR:		
				NO. AND KIND OF EMPLOYEES REASON FOR LEAVING: SUPERVISED BY YOU:		
DESCRIPTION OF YOUR DUTIES						
FROM	ТО	SALARIES H	PER ANNUM	EXACT TITLE OF YOUR POST:		
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL			
NAME OF EMPLO	OYER:		TYPE OF BUSINESS:			
ADDRESS OF EM	PLOYER:		NAME OF SUPERVISOR:			
			NO. AND KIND OF EMPLOYEESREASON FOR LEAVING:SUPERVISED BY YOU:			
DESCRIPTION OF YOUR DUTIES						

28. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES NO						
29. ARE YOU NOW OR HAVE YOU EVER BEEN A CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY? YES NO If answer is "yes", WHEN?						
30. REFERENCES: List three persons, not related to you, and are not current United Nations staff members, who are familiar with your character and qualifications. Do not repeat names of supervisors listed under Item 27.						
FULL NAME	FULL ADDRESS	BUSINESS OR OCCUPATION				
31. STATE ANY OTHER RELEVANT FACTS. IN YOUR NATIONALITY.	CLUDE INFORMATION REGARDING ANY RESII	DENCE OUTSIDE THE COUNTRY OF				
32. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES NO						
If "yes", give full particulars of each case in an attached statement.						
33. OTHER AGENCIES OF THE UNITED NATIONS SYSTEM MAY BE INTERESTED IN OUR APPLICANTS. DO YOU HAVE ANY OBJECTION TO YOUR PERSONAL HISTORY FORM BEING MADE AVAILABLE TO THEM? YES NO						
34. 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 misrepresentation or material omission made on a Personal History form or other document requested by the Organization renders a staff member of the United Nations liable to termination or dismissal.						
DATE (day, month, year)	SIGNATURE:					
N.B. You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization.						