



ARMED POLICE FORCE, NEPAL

MESSAGE FORM



APFC(HQ)

SERIAL NO: 2229

FROM:-	स.प्र.बल, नेपाल प्र.का. मानवश्रोत विभाग (विशेष तालिम उपशाखा)।	DTO:- 999395
TO:-	स.प्र.बल, नेपाल प्र.का. विभागहरु सबै, महाशाखाहरु सबै, राष्ट्रिय सशस्त्र प्रहरी बल प्रशिक्षण प्रतिष्ठान, बाहिनी मुख्यालयहरु सबै।	IN/OUT:-
INFO:-	स.प्र.बल, नेपाल प्र.का. स.प्र.म.नि.को सचिवालय, स.प्र.ब, नेपाल प्र.का., सूचना तथा संचार प्रविधि शाखा (कम्प्युटर)।	GROUP COUNT:-

१. UN Integrated Training Service (ITS) of the Department of Peace Operation (DPO), International Peace Support Training Center (IPSTC) र Geneva Center for Security Policy (GCSP) को संयुक्त आयोजनामा मिति २०८१/११/०५ गतेदेखि मिति २०८१/११/१६ गते (तनदुसार 17-28 February, 2025) सम्म Nairobi, Kenya मा संचालन हुने "Senior Mission Leadership (SML) Course" मा सहभागी हुन सम्पूर्ण खर्च (दोहोरो हवाई टिकट, आवास, खाना र भिषा खर्च) स्वयंले व्यहोर्ने गरी निम्न क्राईटेरिया भित्र पर्ने ईच्छुक स.प्र.ना.म.नि./स.प्र.ब.उ.को नामावली मिति २०८१/०७/२१ गते कार्यालय समय भित्र अध्याविधिक गरिएको United Nations Personal History Form for Police Personnel Form सहित यस उपशाखामा प्राप्त हुने गरी पठाउनु हुन अनुरोध (०)

२. साथै, मजकुर स.प्र.बल, नेपाल प्रधान कार्यालय, सशस्त्र प्रहरी महानिरीक्षकको सचिवालयले उक्त तालिममा सहभागी हुन मातहत समेतबाट ईच्छुक सशस्त्र प्रहरी अधिकृतहरुको नामावली समेत खुलाई पठाई दिने व्यवस्थाको लागि मजकुर स.प्र.बल, नेपाल प्रधान कार्यालय, सशस्त्र प्रहरी महानिरीक्षकको सचिवालयलाई यसै संचारको बोधार्थद्वारा सादर अनुरोध (०)

३. क्राईटेरिया:-

- क) कारवाही अवधि तथा प्रकृत्यामा नरहेको।
- ख) अंग्रेजी भाषामा राम्रो दखल भएको।
- ग) यू.एन. मिशनको अनुभव भएको।

४. साथै, उल्लेखित तालिमको लागि प्राप्त United Nations Personal History Form for Police Personnel Form स.प्र.बल, नेपालको website मा upload गरीदिन हुन स.प्र.ब, नेपाल प्र.का., सूचना तथा संचार प्रविधि शाखा (कम्प्युटर) लाई यसै संचारको बोधार्थद्वारा अनुरोध (०)

मिति:- २०८१/०७/११... गते।

Degree of Priority Originator's Instruction					Originator's Signature (With Rank)	T.H.I.		
MJ	TJ	AJ	J	O		Date & Time	System	Operator
						IN		
						OUT		
Reg.No.								

UNITED NATIONS PERSONAL HISTORY FORM (PHF) FOR MILITARY PERSONNEL

(to be completed in English)
(Updated 01 February 2022)

1) Post Nominating For:

UN MISSION:	Nominated Position: (eg MILOB, MILAD or SO Operations, SO MOVCON, Chief U1, U2, U3 etc)
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2) Personal Data: (must be as detailed in national passport)

Family Name:	First/Middle Name(s):	Maiden name, if any:	Male/Female:
DOB dd/mm/yyyy:	Place of Birth:	Passport no	Passport Expiry Date.
Current Rank:	Nationality(ies) at birth:	Present Nationality(ies):	
Date Last Promoted:	Officer Service Since:	Service: (Army/Air Force/Navy/Marine) Branch/Corps: (Inf/Com/Log/Pilot/Admin/Medical, etc)	City of Departure:

3) Contact details (required for all officers for coordination of shipping of personal effects)

Home Address:	Phone: Phone (Cell): Fax: E-mail:
Office Address:	Phone: Phone (Cell): Fax: E-Mail:

4) Education:

a) Civilian Education:

Give full details – N.B. Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.

A. University or equivalent			
Dates: (format dd/mm/yyyy)		Degree	Title of the degree, institution (name and location; city and country)
From	To		
		Bachelor of Arts, Science	
		Master's degree/PhD	
		Others	

B. Schools or other formal training or education from age 14 (e.g., high school, technical school or apprenticeship)		
Dates: (format dd/mm/yyyy)	Degree	Title of the degree, institution (name and location; city and country)

**UNITED NATIONS PERSONAL HISTORY FORM (PHF)
FOR MILITARY PERSONNEL**

**(to be completed in English)
(Updated 01 February 2022)**

From	To		
		Bachelor of Arts, Science	
		Master's degree/PhD	
		Others	

b) Key Military Courses:

Dates: (format dd/mm/yyyy)		Degree	Institution (name and location; city and country)
From	To		
		Jr Command/Staff College (Captain level)	
		Command/Staff College (Major level)	
		War College (i.e. NSSC, AMSC) (Lt Col & Col)	
		Defense College/University (i.e. ndc, ndu) (Brig & abv.)	

c) Other Training Courses (relevant to nominated position):

Dates: (format dd/mm/yyyy)		Course title	Institution (name and location; city and country)
From	To		

5) Personal History:

- Starting with your present post, list in **REVERSE ORDER** every employment, professional experience, training/education you have had since completion of secondary education (high school) until today.
- Using the checkboxes below, please indicate whether your experience is command or staff experience, obtained during UN service or in a non-UN peace support mission. Otherwise indicate if it is a training course or other experience. Use a separate block for each experience.
- Include also any period during which you were not gainfully employed. If you need more space, please use attached supplementary pages.
- A sample version of how to fill out the form correctly is on page 12.

	Dates: (format dd/mm/yyyy)		Appointment/Title
	From	To	

UNITED NATIONS PERSONAL HISTORY FORM (PHF) FOR MILITARY PERSONNEL

(to be completed in English)

(Updated 01 February 2022)

1			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: _____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box:				
<input type="checkbox"/> UN service <input type="checkbox"/> Non-UN Peace Support Operations Experience <input type="checkbox"/> Other: _____				
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)				

2	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To		
			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: _____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box:				
<input type="checkbox"/> UN service <input checked="" type="checkbox"/> Non-UN Peace Support Operations Experience <input type="checkbox"/> Other: _____				
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)				

3	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To		
			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised:		<input type="checkbox"/> Staff Experience ² Please indicate:		<input checked="" type="checkbox"/> Training Course

¹Highlight any Operational and Intelligence Experience, significant Unit Activities in the description box.

² Details should include:

- The level of the appointment: Strategic – Operational - Tactical
- The specialization: G1 –Personnel, G2 – Intelligence, G3 – Operations, G4 – Logistics, G5 – Plans, G6 – Comms, G7 – Training, G9 – Civil Military Coordination.

UNITED NATIONS PERSONAL HISTORY FORM (PHF) FOR MILITARY PERSONNEL

(to be completed in English)
(Updated 01 February 2022)

_____	<input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify	
Please check the appropriate box: <input type="checkbox"/> UN service <input type="checkbox"/> Non-UN Peace Support Operations <input type="checkbox"/> Other: _____ Experience		
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)		

4	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To		
			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: _____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box: <input type="checkbox"/> UN service <input type="checkbox"/> Non-UN Peace Support Operations <input type="checkbox"/> Other: _____ Experience				
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)				

5	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To		
			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: _____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box: <input type="checkbox"/> UN service <input checked="" type="checkbox"/> Non-UN Peace Support Operations <input type="checkbox"/> Other: _____ Experience				
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)				

UNITED NATIONS PERSONAL HISTORY FORM (PHF) FOR MILITARY PERSONNEL

(to be completed in English)
(Updated 01 February 2022)

6	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To		
			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: ____ ____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box:				
<input type="checkbox"/> UN service <input type="checkbox"/> Non-UN Peace Support Operations <input type="checkbox"/> Other: ____ ____ Experience				
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)				

7	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To		
			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: ____ ____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box:				
<input type="checkbox"/> UN service <input type="checkbox"/> Non-UN Peace Support Operations <input type="checkbox"/> Other: ____ ____ Experience				
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)				

8	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To		
			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: ____ ____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course

UNITED NATIONS PERSONAL HISTORY FORM (PHF) FOR MILITARY PERSONNEL

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Please check the appropriate box:	
<input type="checkbox"/> UN service	<input type="checkbox"/> Non-UN Peace Support Operations Experience
<input type="checkbox"/> Other: ____	
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)	

9	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To	Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: ____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box:				
<input type="checkbox"/> UN service		<input type="checkbox"/> Non-UN Peace Support Operations Experience		<input checked="" type="checkbox"/> Other: ____
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)				

10	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To	Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: ____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box:				
<input type="checkbox"/> UN service		<input type="checkbox"/> Non-UN Peace Support Operations Experience		<input checked="" type="checkbox"/> Other: ____
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)				

6) General Information

UNITED NATIONS PERSONAL HISTORY FORM (PHF) FOR MILITARY PERSONNEL

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Are there employment limitations?	
No <input type="checkbox"/>	Yes - provide details: <input type="checkbox"/> -
Are there travel limitations?	
No <input type="checkbox"/>	Yes - provide details: <input type="checkbox"/> -

a) **Language Proficiency:** For languages other than mother tongue, enter appropriate letter from coding below to indicate knowledge level.

Mother Tongue:				
OTHER LANGUAGE	<i>Read</i>	<i>Write</i>	<i>Speak</i>	<i>Understand</i>
	-	-	-	-
	-	-	-	-
	-	-	-	-

CODE:

A- Professional Fluency: Able to work independently in the language, including the preparation of written reports and papers. Able to participate actively in and/or lead meetings conducted in the language.

B- Working Knowledge: Able to follow work-related discussions and participate in them, although command of grammar and syntax may be uncertain. Able to use the telephone, to read and understand work-related documents, and to draft basic correspondence.

C- Limited Knowledge: Able to understand simple conversations and written texts.

b) **Computer Skills:**

Software applications for which you have experience:				
Word	Excel	PowerPoint	Access	Outlook
Yes/No <input type="checkbox"/> / <input type="checkbox"/>	Yes/No <input type="checkbox"/> / <input type="checkbox"/>	Yes/No <input type="checkbox"/> / <input type="checkbox"/>	Yes/No <input type="checkbox"/> / <input type="checkbox"/>	Yes/No <input type="checkbox"/> / <input type="checkbox"/>
Other capabilities or experience				

c) **Driving Skills:**

Have you held a valid driver license for the last 2 years?	Yes/No <input type="checkbox"/> / <input type="checkbox"/>
Are you able to drive a 4x4 vehicle (manual)?	Yes/No <input type="checkbox"/> / <input type="checkbox"/>
Other Qualifications/Experience	

7) **Additional Information:**

UNITED NATIONS PERSONAL HISTORY FORM (PHF) FOR MILITARY PERSONNEL

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Are any of your relatives employed by a public international organization? If the answer is "yes", give the following information:		Yes/No <input type="checkbox"/> / <input type="checkbox"/>
Name	Relationship	Name of International Organization

Have you previously submitted an application for employment and/or undergone any test with the UN? If so, when?		Yes/No <input type="checkbox"/> / <input type="checkbox"/>
List any significant publications you have written (do not attach):		
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 (including minor traffic violations)? If "yes", give full particulars of each case in an attached statement.		Yes/No <input type="checkbox"/> / <input type="checkbox"/>
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 <input type="checkbox"/> / <input type="checkbox"/>
Do you have any residence outside the country of your nationality? If Yes:		Yes/No <input type="checkbox"/> / <input type="checkbox"/>
State any other relevant facts related to this nomination/ application:		

<u>References</u>		
<u>This section needs to be filled out only by candidates under consideration for senior/important leadership positions.</u> ³		
List three persons, not related to you, and not current United Nations staff members, who are familiar with your character and qualifications.		
Name	Contact details	Business or Occupation

³ Senior leadership include: Deputy/Force Commander, Deputy/Military Advisor, Chief of the Joint Border Verification and Monitoring Mechanism (JBVMM), Force Chief of Staff, Sector Commander, Chief Military Observer/Head of Mission, etc.

**UNITED NATIONS PERSONAL HISTORY FORM (PHF)
FOR MILITARY PERSONNEL**

(to be completed in English)
(Updated 01 February 2022)

Self-attestation under the Policy on Human Rights Screening of UN Personnel:⁴

(Note: Only one signature below)

<p>“I attest that I have not committed, been convicted of, nor prosecuted for, any criminal offence, and I attest that I have not been involved, by act or omission, in the commission of any violation of International Human Rights Law or International Humanitarian Law.</p>	<p>Signed </p>
<p>Or “I am not able to attest to the preceding paragraph for the following reasons </p>	<p>Signed </p>
<p>Any additional information relevant to the above:</p>	

I confirm that above statements are true, complete, and correct, without any misrepresentation and material omission.

Date: (dd/mm/yyyy)		Candidate’s signature:
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⁴ As outlined in the Policy on Human Rights Screening of UN Personnel (para. 10.1), the UN reserves the right, should it discover subsequently that a Member State or individual has made a false statement concerning prior involvement in crimes or international human rights or humanitarian law violations, to take appropriate action in compliance with established procedures and the applicable regulatory framework. Member States may be requested to immediately repatriate their nominated personnel at their own expense.

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Attestation by the Permanent Mission:

The Permanent Mission of to the United Nations submits the above nominee for the indicated post and declares that the nominated officer meet all requirements for the respective post and duty station.

The Government of further certifies that the nominated candidate has never been convicted of and is not currently under investigation or being prosecuted for, any criminal or disciplinary offense, or any violations of any international human right law, civil action or disciplinary action.

The Government of is not aware of any allegations against the nominated, that she/he has committed or been involved, by act or omission, in the commission of any acts that may amount to violations of international human right law or international humanitarian law.

Date: (format dd/mm/yyyy)		Signature:	Military Adviser/OIC Peacekeeping Affairs Name: Contact details:
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(PM's stamp)

UNITED NATIONS PERSONAL HISTORY FORM (PHF) FOR MILITARY PERSONNEL

(to be completed in English)
(Updated 01 February 2022)

Personal History / Supplementary pages

	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To		
			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: ____ ____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box:				
<input type="checkbox"/> UN service <input type="checkbox"/> Non-UN Peace Support Operations <input checked="" type="checkbox"/> Other: ____ ____ Experience				
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)				
	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To		
			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: ____ ____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box:				
<input type="checkbox"/> UN service <input type="checkbox"/> Non-UN Peace Support Operations <input checked="" type="checkbox"/> Other: ____ ____ Experience				
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)				
	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To		
			Location (Country, Region and City must be detailed)	Unit Name:
Name of the immediate superior officer:				
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: ____ ____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course

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Please check the appropriate box:			
<input type="checkbox"/> UN service		<input type="checkbox"/> Non-UN Peace Support Operations Experience	
<input checked="" type="checkbox"/> Other: ____			
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)			
	Dates: (format dd/mm/yyyy)		Appointment/Title
	From	To	
			Location (Country, Region and City must be detailed)
Name of the immediate superior officer:			
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: ____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify	
<input type="checkbox"/> Training Course			
Please check the appropriate box:			
<input type="checkbox"/> UN service		<input type="checkbox"/> Non-UN Peace Support Operations Experience	
<input checked="" type="checkbox"/> Other: ____			
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)			
	Dates: (format dd/mm/yyyy)		Appointment/Title
	From	To	
			Location (Country, Region and City must be detailed)
Name of the immediate superior officer:			
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: ____		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify	
<input type="checkbox"/> Training Course			
Please check the appropriate box:			
<input type="checkbox"/> UN service		<input type="checkbox"/> Non-UN Peace Support Operations Experience	
<input checked="" type="checkbox"/> Other: ____			
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included)			


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SAMPLE

Please use this example as guidance to fill out the experience records section in this document.

1	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To	Battalion Commander	
	01/12/2000	01/12/2001	Location (Country, Region and City must be detailed) Newland Country, Salt City	Unit Name: 27th Motorized Bn
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: 750		<input type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box:				
<input type="checkbox"/> UN service <input type="checkbox"/> Non-UN Peace Support Operations Experience <input type="checkbox"/> Other: _____				
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included) Responsible for all battalion activities. Reports primarily to the PMS. Supervises, provides guidance and direction for the Battalion Staff Officers in ensuring all activities and training are planned, coordinated, and executed efficiently. Builds an effective chain of command and develops a positive command climate. Considers ways to improve the BN. Etc...				
2	Dates: (format dd/mm/yyyy)		Appointment/Title	
	From	To	S3 Chief – Infantry	
	01/12/2000	01/12/2001	Location (Country, Region and City must be detailed) Newland Country, Salt City	Unit Name: 27th Motorized Bn
<input type="checkbox"/> Command Experience ¹ Number of staff supervised: 10		<input checked="" type="checkbox"/> Staff Experience ² Please indicate: <input type="checkbox"/> Strategic <input type="checkbox"/> Operational <input type="checkbox"/> Tactical G 1-9: Please specify		<input type="checkbox"/> Training Course
Please check the appropriate box:				
<input type="checkbox"/> UN service <input type="checkbox"/> Non-UN Peace Support Operations Experience <input type="checkbox"/> Other: _____				
Description of Responsibilities/Duties/Training (Military Rank during described duties must be included) Act as the principal staff officer for all matters concerning training, operations and plans, and force development and modernization. Insuring integration of NGCS training and operations requirements.				

INSTRUCTIONS					Do not Write in This Space						
Please answer each question clearly and completely. TYPE OR PRINT LEGIBLY. Read carefully and follow all directions.		UNITED NATIONS									
		PERSONAL HISTORY									
1. Family name		First name		Middle name		Maiden name, if any					
2. Date of (day/month/yr) Birth		3. Place of birth		4. Nationality(ies) at birth		5. Present Nationality(ies)					
6. Sex		7. Height		8. Weight		9. Marital Status:					
		Single <input type="checkbox"/>		Married <input type="checkbox"/>		Separated <input type="checkbox"/>					
		Widow(er) <input type="checkbox"/>		Divorced <input type="checkbox"/>							
10. Entry into United Nations service might require assignment to any area of the world in which the United Nations might have responsibilities.											
(a) Are there any limitations on your ability to perform in your prospective field of work? YES <input type="checkbox"/> NO <input type="checkbox"/>											
(b) Are there any limitations on your ability to engage in all travel? YES <input type="checkbox"/> NO <input type="checkbox"/>											
11. Permanent address			12. Present address		13. Office Telephone No.						
Telephone No. ()			Telephone/Fax No. ()		()						
					14. Office Fax No.						
					()						
					E-mail:						
15. Do you have any dependent children? YES <input type="checkbox"/> NO <input type="checkbox"/> If the answer is "yes", give the following information:											
Name of Children		Date of Birth (day/mo/year)		Place of Birth		Nationality					
15. (a) Name of Spouse											
16. Have you taken up legal permanent residence status in any country other than that of your nationality? YES <input type="checkbox"/> NO <input type="checkbox"/>											
If answer is "yes", which country?											
17. Have you taken any legal steps towards changing your present nationality? YES <input type="checkbox"/> NO <input type="checkbox"/>											
If answer is "yes", explain fully:											
18. Are any of your relatives employed by a public international organization? YES <input type="checkbox"/> NO <input type="checkbox"/>											
If answer is "yes", give the following information:											
NAME			Relationship		Name of International Organization						
19. What is your preferred field of work?											
20. Would you accept employment for less than six months? YES <input type="checkbox"/> NO <input type="checkbox"/>			21. Have you previously submitted an application for employment and/or undergone any tests with U.N.? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?								
22. KNOWLEDGE OF LANGUAGES. What is your mother tongue?											
OTHER LANGUAGES		READ		WRITE		SPEAK		UNDERSTAND			
		Easily	Not Easily	Easily	Not Easily	Fluently	Not Fluently	Easily	Not Easily		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23. For clerical grades only							List any office machines or equipment and computer programmes you use.				
Indicate speed in words per minute											
		English	French	Other languages							
Typing											
Shorthand											

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.

A. University or equivalent

NAME, PLACE AND COUNTRY Please give complete address.	ATTENDED FROM/TO		DEGREES and ACADEMIC DISTINCTIONS OBTAINED	MAIN COURSE OF STUDY
	Month/Year	Month/Year		

B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g., high school, technical school or apprenticeship)

NAME, PLACE AND COUNTRY Please give complete address.	TYPE	YEARS ATTENDED		CERTIFICATES OR DIPLOMAS OBTAINED
		FROM	TO	

25. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS

26. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (*DO NOT ATTACH*)

27. EMPLOYMENT RECORD: Starting with your present post, list in REVERSE ORDER every employment you have had. Use a separate block for each post. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size. Give both gross and net salaries per annum for your last or present post.

A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:			TYPE OF BUSINESS	
ADDRESS OF EMPLOYER:			NAME OF SUPERVISOR	
			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING
DESCRIPTION OF YOUR DUTIES:				

B. PREVIOUS POSTS (IN REVERSE ORDER)

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES 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. INCLUDE INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY.

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.