

<b>INSTRUCTIONS</b> Please answer each question clearly and completely. <i>Type or print legibly in ink.</i> Read carefully and follow all directions.	 <b>UNITED NATIONS</b> <b>PERSONAL HISTORY</b>	Do not Write in this Space
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1. Family name	First name	Other names	Maiden name, if any
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2. Date of birth (dd/mm/yyyy)	3. Place of birth	4. Nationality(ies) at birth	5. Present Nationality(ies)	6. Sex
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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"/>		
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10. Entry into United Nations services might require assignment and travel to any area of the world in which the United Nations might have responsibilities. Have you any disabilities that might limit your prospective field of work or your ability to engage in air travel?

YES  NO  If "yes", please describe.

11. Permanent Address	12. Present Address	13. Office Telephone No. ( )
Telephone No. ( )	Telephone/Fax No. ( ) Email address:	14. Office Fax No. ( ) Email address:

15. Have you any dependants? YES  NO  If the answer is "yes", give the following information:

NAME	Date of Birth (dd/mm/yyyy)	Place of Birth	Nationality	Gender

15.(a) Name of Spouse: \_\_\_\_\_

16. Have you taken up legal permanent residence status in any country other than that of your nationality? YES  NO   
If answer is "yes", which country?

17. Have you taken any legal steps towards changing your present nationality? YES  NO   
If answer is "yes", explain fully :

18. Are any of your relatives employed by a public international organisation? YES  NO   
If the answer is "yes", give the following information :

NAME	Relationship	Name of international organisation

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 ?
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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 <i>Indicate speed in words per minute</i>			Other languages	List any office machines or equipment and computer programmes you use.
	English	French		
Typing				
Shorthand				
24. EDUCATION. Give full details N.B. <i>Please give exact titles of degrees. Please do not translate or equate to other degrees.</i>				
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 to which you belong or are a member of				
26. List any significant publications you have written ( <i>Do not attach</i> )				
27. EMPLOYMENT RECORD: <u>Starting with your present post, list in REVERSE ORDER every employment you have had.</u> 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 EMPLOYED)				
From	To	Salaries per annum		Exact title of your post :
Month/Year	Month/Year	Starting	Final	
Name of employer :			Type of business :	
Full address of employer:			Name of Supervisor:	
Email address:			Number 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 :	
Full address of employer:			Name of Supervisor:	
Email address:			Number and kind of employees supervised by you:	Reason for Leaving:
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 :	
Full address of employer:			Name of Supervisor:	
Email address:			Number and kind of employees supervised by you:	Reason for Leaving:
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 :	
Full address of employer:			Name of Supervisor:	
Email address:			Number and kind of employees supervised by you:	Reason for Leaving:
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 :	
Full address of employer:			Name of Supervisor:	
Email address:			Number and kind of employees supervised by you:	Reason for Leaving:
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 :	
Full address of employer:			Name of Supervisor:	
Email address:			Number and kind of employees supervised by you:	Reason for Leaving:
DESCRIPTION OF YOUR DUTIES				

28. Have you any objections to our making inquiries of your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
29. Are you now, or have you ever been, a permanent civil servant in your government's employ? YES <input type="checkbox"/> NO <input type="checkbox"/> If answer is "yes", WHEN?		
30. REFERENCES: List three persons, not related to you, and not current United Nations staff members, who are familiar with your character and qualifications. <i>Do not repeat names of supervisors listed under item 27.</i>		
FULL NAME	FULL ADDRESS, FAX #, and EMAIL	BUSINESS OR OCCUPATION
1.		
2.		
3.		
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 <input type="checkbox"/> NO <input type="checkbox"/> If "yes", give full particulars of each case in an attached statement.		
33. Have you any objections to our considering your Personal History Form for any other suitable vacancies within UNOV/ODCCP or submitting it to our roster of candidates? YES <input type="checkbox"/> NO <input type="checkbox"/>  Other agencies of the United Nations System may also be interested in our applicants. Do you have any objection to your Personal History Form being made available to them? YES <input type="checkbox"/> NO <input type="checkbox"/>		
35. 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: _____ SIGNATURE: _____ (dd/mm/yyyy)		
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.		
<b>ONLY THOSE APPLICANTS WHO ARE OF INTEREST TO THE ORGANIZATION WILL BE CONTACTED.</b>		
<b>The maximum period of validity for a Personal History form is two years.</b>		