

**INSTRUCTIONS**

Please answer each question clearly and completely. TYPE OR PRINT LEGIBLY. Read carefully and follow all directions.



Do not Write in This Space

**PERSONAL HISTORY**

1. Family name		First name		Middle name		Maiden name, if any					
2. Birth date (day/month/yr)		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  Telephone No. ( )				12. Present address  Telephone/Fax No. ( )				13. Office Telephone No. ( )		14. Office Fax No. ( )	
<b>E-mail:</b>											
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		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 <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 the United Nations or any of its agencies? YES <input type="checkbox"/> NO <input type="checkbox"/> If answer is "yes", please specify:											
NAME			Relationship			Name of United Nations 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 Indicate speed in words per minute						List all specific computer programmes you use (i.e. excel, access).					
		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:  Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:
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 :**

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**B. PREVIOUS POSTS (IN REVERSE ORDER)**

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	Full time <input type="checkbox"/>	
				Part time <input type="checkbox"/> hours/week:	
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					

  

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	Full time <input type="checkbox"/>	
				Part time <input type="checkbox"/> hours/week:	
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					

  

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	Full time <input type="checkbox"/>	
				Part time <input type="checkbox"/> hours/week:	
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					

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					
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	Full time <input type="checkbox"/>	
				Part time <input type="checkbox"/> hours/week:	
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					
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	Full time <input type="checkbox"/>	
				Part time <input type="checkbox"/> hours/week:	
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					

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST: Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:	
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					
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST: Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:	
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					
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST: Full time <input type="checkbox"/> Part time <input type="checkbox"/> hours/week:	
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					

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:

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\_\_\_\_\_

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.