


| INSTRUCTIONS | |  UNITED NATIONS | | | | Do not Write in This Space | | |
|---|--------------------------|--|--------------------------|---|---|--|--------------------------|--------------------------|
| Please answer each question clearly and completely. TYPE OR PRINT LEGIBLY. Read carefully and follow all directions. | | 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 | | |
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| 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 | | | | |
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| 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 <i>Indicate speed in words per minute</i> | | | | List any office machines or equipment and computer programmes you use. | | | | |
| | 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 | | |
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| 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 | |
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| 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: <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 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: | | | 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: |
| 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 | |
| | | | | |
| 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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| 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 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 are 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 | BUSINESS OR OCCUPATION |
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| 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. 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 <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 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. | | |