

<p>INSTRUCTIONS Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions.</p>	 UNITED NATIONS PERSONAL HISTORY	Do Not Write in This Space
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1. Family name	First name	Middle name	Maiden name, if any
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2. Day	Mo.	Yr.	3. Place of birth	4. Nationality (ies) at birth	5. Present nationality (ies)	6. Sex
Date of Birth						

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 service might require assignment and travel to any area of the world in which the United Nations might have responsibilities. Have you any disabilities which might limit your prospective field of work or your ability to engage in air travel? YES NO If "yes", please describe.

11. Permanent address Telephone No.	12. Present address (if different) Telephone/Fax No.	13. Office Telephone No. Office Fax. No E-mail:
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15. Have you any dependents? YES NO If the answer is "yes", give the following information:

NAME	Date of Birth	Relationship	NAME	Date of Birth	Relationship

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 organization? YES NO
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 with U.N.? 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	Easily	Not Easily	Easily	Not Easily

23. For clerical grades only Indicate speed in words per minute	List any office machines or equipment you can use Other languages
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Typing Shorthand	English	French		

24. EDUCATIONAL. Give full details - N.B. Please give exact titles of degrees in original language.

A. UNIVERSITY OR EQUIVALENT Please do not translate or equate to other degrees.

NAME, PLACE AND COUNTRY	ATTENDED FROM/TO		DEGREES and ACADEMIC	MAIN COURSE OF STUDY
	Mo./Year	Mo./Year	DISTINCTIONS OBTAINED	

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

NAME, PLACE AND COUNTRY	TYPE	ATTEND FROM/TO		CERTIFICATES OR DIPLOMAS OBTAINED
		Mo./Year	Mo./Year	

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

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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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				

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 TO EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY? YES NO
If answer is "yes", WHEN?

30. REFERENCES: List three persons, not related to you, 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, INCLUDING INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY

32. HAVE YOUR 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. 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 : _____

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.