|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| P.11 (2-74) – E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSTRUCTIONS**  **Type each answer in the GREY textboxes.** Read carefully and follow all directions. The database will only import data that is in the **GREY textboxes.** | | | | | | | | | **UNITED**  **NATIONS**  **PERSONAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DO NOT WRITE IN THIS AREA**  **P11-TMS/EFR-Ver 8.2**  **DATE RECEIVED**  **WEBSITE** **UNICEF-Operations Officer** | | | | | | | | | | | |
| **1.** **Family name:** | | | | | | | | | | | | | | | **First name:** | | | | | | | | | | | | | | **Middle name:** | | | | | | | | | | | | | | | | **Maiden name, if any:** | | | | | | | | | | | | | | | | |
| **2. Date of Birth-(MM-DD-YYYY)** | | | | | | | | | | | **3. Place of birth:** | | | | | | | | | | | | | | | | **4. Nationality (ies)**  **at birth:** | | | | | | | | | | | | **5. Present nationality (ies):** | | | | | | | | | | | | | | | | | | **6. Sex:** | | | | |
| **7. Height:** | | | **8.** **Weight:** | | | | **9. Marital status:** | | | | | | | | | | | | **Level:** | | | | | | | | **Duty Station:** | | | | | | | | | | | **Organization:** | | | | | | | | | | | **Email address:** | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | | | | | | | | **12. Present address (if different):** | | | | | | | | | | | | | | | | | | | | | | | **13. Office Address:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Phone No. | |  | | | | | | | | | | | | | | | | Phone No. | | | | | | | | | |  | | | | | | | | | | | | Phone No. | | | | | | | | | | | | | |  | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | Personal Email: | | | | | | | | | | 1.  2. | | | | | | | | | | | | Office Email:  Fax No. | | | | | | | | | | | | | |  | | | | | | |
| **15. Have you any dependents?**  YES/NO | | | | | | | | | | **If the answer is “yes”, please give the following information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | | | | | **Date of Birth** | | | | | | | | | | | | **Relationship** | | | | | | | | | | | **NAME** | | | | | | | | | | | | **Date of Birth** | | | | | | | | | | | | | **Relationship** | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| **16** | **Have you taken up legal residence status in any other country other than that of your nationality ?** **YES/NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **If “yes”, please describe.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **17** | **Have you taken any legal steps towards changing your present nationality?** **YES/NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **If “yes”, please describe.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18** | **Are any of your relatives employed by a public international organization?** **YES/NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **If answer is “yes”, please 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/NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **21. Have you previously submitted an application for employment**  **with U.N.?** **YES/NO**  If so when? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **22. KNOWLEDGE OF LANGUAGES. What is your mother tongue?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **READ** | | | | | | | | | | | | | | | | | **WRITE** | | | | | | | | | | | | **SPEAK** | | | | | | | | | | | | | | | | | | | **UNDERSTAND** | | | | | | | |
|  | | | | | |  | | | | | | | | | | Not | | | | | | |  | | | | | | | Not | | | | | |  | | | | | | | | | | | Not | | | | | | | |  | | | Not | |
| **OTHER LANGUAGES** | | | | | | Easily | | | | | | | | | | Easily | | | | | | | Easily | | | | | | | Easily | | | | | | Easily | | | | | | | | | | | Easily | | | | | | | | Easily | | | Easily | |
|  | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | |  | |
|  | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | |  | |
|  | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | |  | |
|  | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | |  | |
| **23. For clerical grades only**  ***Indicate speed in words per minute*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **List any office machines or equipment you can use** | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | | | | **O t h e r l a n g u a g e s** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **E n g l i s h** | | | | | | | | **F r e n c h** | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Typing** | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Shorthand** | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Mo./Year | | | | | | | | | Mo./Year | | | | | | | | | DIPLOMAS OBTAINED | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
| **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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DD/MM/YYYY | | | | DD/MM/YYYY | | | | | | | | | STARTING | | | | | | | | | | | FINAL | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | EMAIL OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION OF POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO. AND KIND OF EMPLOYEES | | | | | | | | | | | | | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SUPERVISED BY YOU: | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. PREVIOUS POSTS *(IN REVERSE ORDER)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | | | EXACT TITLE OF YOUR POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DD/MM/YYYY | | | | | DD/MM/YYYY | | | | | | | STARTING | | | | | | | | | | FINAL | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | EMAIL OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION OF POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO. AND KIND OF EMPLOYEES | | | | | | | | | | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | SUPERVISED BY YOU: | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | | | EXACT TITLE OF YOUR POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DD/MM/YYYY | | | | | DD/MM/YYYY | | | | | | | STARTING | | | | | | | | | | FINAL | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | EMAIL OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION OF POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO. AND KIND OF EMPLOYEES | | | | | | | | | | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | SUPERVISED BY YOU: | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | | | EXACT TITLE OF YOUR POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DD/MM/YYYY | | | | | DD/MM/YYYY | | | | | | | STARTING | | | | | | | | | | FINAL | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | EMAIL OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION OF POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO. AND KIND OF EMPLOYEES | | | | | | | | | | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | SUPERVISED BY YOU: | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | | | EXACT TITLE OF YOUR POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DD/MM/YYYY | | | | | DD/MM/YYYY | | | | | | | STARTING | | | | | | | | | | FINAL | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | EMAIL OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION OF POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO. AND KIND OF EMPLOYEES | | | | | | | | | | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | SUPERVISED BY YOU: | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | | | EXACT TITLE OF YOUR POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DD/MM/YYYY | | | | | DD/MM/YYYY | | | | | | | STARTING | | | | | | | | | | FINAL | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | EMAIL OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION OF POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO. AND KIND OF EMPLOYEES | | | | | | | | | | | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | SUPERVISED BY YOU: | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | | | EXACT TITLE OF YOUR POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DD/MM/YYYY | | | | | DD/MM/YYYY | | | | | | | STARTING | | | | | | | | | | FINAL | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | EMAIL OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION OF POST: | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO. AND KIND OF EMPLOYEES | | | | | | | | | | | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | SUPERVISED BY YOU: | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **28.** HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES  NO  Comments: | | | | | | | | |
| **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. | | | | | | | | |
| FULL NAME | | | | FULL EMAIL 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 (please type): |  | |
|  | | | | | | | | |
| **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. | | | | | | |
|  | | | | | | | | |