INSTRUCTIONS

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



PERSONAL HISTORY PROFILE

Vacancy Announcement Number:		How did you learn about this vacancy?					
1. Family name First name			Middle n	Middle name		Maiden name, if any	
		T					
2. Date of (dd/mm/yyyy) 3. Birth	3. Place of birth 4. National		at birth	5. Present Nationality(ie	6. Se	K	
7. Height 8. Weight 9.	Marital Status:	·					
10. Entry into United Nations service	ingle Marrie				Divorced	· · · · · · · · · · · · · · · · · · ·	
(a) Are there any limitations or				YES NO	ave responsional		
(b) Are there any limitations on	your ability to engage ir	all travel?	YES N	O			
11. Permanent address	12.	Present address		13	. Office Teleph	one No.	
			14. Office Fax No.				
Telephone No. ()	Tele	ohone/Fax No. (
					-mail:		
15. Do you have any dependent child	dren? YES NC	If the answer is	s "yes", give the	e following information:			
Name of Children	Date of Bi	rth (day/mo/year)	Place o	of Birth Na	ntionality	tionality Gender	
15. (a) Name of Spouse							
16. Have you taken up legal perman			1	onality? YES N	10 🗆		
If answer is "yes", which country		y country other than t	nat or your nam	onanty? TES T	Ю Ц		
17. Have you taken any legal steps		resent nationality?	YES 🗌	NO 🗌			
If answer is "yes", explain fully	y:						
18. Are any of your relatives emplo	yed by UN or related org	anization? YES	S NO				
If answer is "yes", give the follo							
NAME			elationship	ship Name of Organization			
19. What is your preferred field of w	ork?						
20. Would you accept employment for	or less than six months?	21. Hay	ve vou previous	sly submitted an application	for employment a	nd/or undergone any	
YES NO NO			s with U.N.?		If so, when?		
22. KNOWLEDGE OF LANGUAGE	<u>-</u>			,			
OTHER	READ	WRI		SPEAK		DERSTAND	
LANGUAGES E	Easily Not Easily	Easily	Not Easily	Fluently Not Flue	ntly Easi	ly Not Easily	
	Η Η		片				
	片 片		H			H	
23. Describe your computer skills and	d list any computer appli	cations with which yo	ou are fully prof	icient.	, <u>-</u>		
Word processing:	J 1 11		7.1				
Database:							
Graphic & presentation:							
Programming language:							
Other computer skills:							

		. 110000 5110 010	or dies of degrees	originar milguage.	. icase uo i	.or dansiate of	equate to other degrees.
A. University or equivalent NAME, PLACE AND COUNTRY ATTENDED FROM/TO		DEGREES ar	DEGREES and ACADEMIC		MAIN COURSE OF STUDY		
	mplete address.	Month/Year			DISTINCTIONS OBTAINED		
B. SCHOOLS	OR OTHER FORM	AL TRAINING	G OR EDUCATI	ON FROM AGE 14	(e.g., hig	gh school, tea	chnical school or apprenticeship)
	AND COUNTRY	Т	YPE	YEARS A			CERTIFICATES OR DIPLOMAS
Please give con	mplete address.			FROM		ТО	OBTAINED
25. LIST PROFESS	IONAL SOCIETIES A	AND ACTIVITII	ES IN CIVIC, PUB	LIC OR INTERNATI	ONAL AF	FAIRS	
26. LIST ANY SIG	NIFICANT PUBLICA	TIONS YOU H	AVF WRITTEN	(DO NOT ATTACH)			
20. EIST AIVT SIG	TVII TEZELVI I OBLICZ	1110115 100 11	AVE WRITTEN	(bowormmen)			
							. Use a separate block for each post.
Include also serv	vice in the armed force Sive both gross and net	s and note any po salaries per ann	eriod during which	you were not gainfully present post	employed	I. If you need	more space, attach additional pages of
	_						
	POST (LAST POST,			·		EVACT TE	LI E OE AOLID DOCT:
FROM	ТО				NUM (or UN grade/level) EXACT TITLE OF YOUR POST:		TLE OF TOUR POST.
MONTH/YEAR	MONTH/YEAR	R STA	ARTING	FINAL			
NAME OF EMPLOY	ER:			TYPE OF BUS	NESS		
				1112 01 200	TITE OF BUSINESS		
ADDRESS OF EMPL	OYER:			NAME OF SUP	ERVISOR		
				NO. AND KINI	O OF EMP	LOYEES	REASON FOR LEAVING
					SUPERVISED BY YOU:		
			DESCRIPTIO	N OF YOUR DUTIES	·		
DESCRIPTION OF TOOK DUTIES.							
B. PREVIOUS POST	S (IN REVERSE OR	DER)					
FROM	ТО		RIES PER ANNUM	EXACT T	ITLE OF Y	YOUR POST:	
FKUM	10	SALAF	LES FER AININUM	1			
MONTH/YEAR	MONTH/YEAR	STARTING	FINA	AL			

TYPE OF BUSINESS:

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER:			NAME OF SUPERVISOR:				
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:		
]	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	ТО	SALARIES I	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 REASON FOR LEAVING: SUPERVISED BY YOU:			
		J	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:					
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.						