Please answer each question clearly and completely.

Type or print in ink. Read carefully and follow all direction.



PERSONAL HISTORY

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1.	Family Na	me	Fi	irst Name		Middle Name	Maid	Maiden name, if any				
	Date Day of Birth:	y Mo. 1	Yr.	3. Place of bi	rth	4. Nationality	v(ies) at birth	5	5. Present nationali	ity(ies)	6. Sex Male	
	Height	8. Weigh	nt 9	9. Marital sta Single o		ried o	Separated o		Widow(er)	Divo	rced o	
10.	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) Telephone No.			13. Office Telephone No.					
15.	Telephone No. Telephone No. 15. Have you any dependents? YES NO If the answer is "yes", give the following information:											
	NAME		Da	te of Birth	Rel	ationship	NAME		Date of Birth	Rel	Relationship	
16.	Have yo			permanent re			try other than t	hat of	your nationality?	YES o	NO	
17.	17. Have you taken up any legal steps towards changing your present nationality? YES O NO x If answer is "yes", explain fully:											
18.	18. Are any of your relatives employed by a public international organization? If answer is "yes", give the following information: YES O NO x											
		NAM	MΕ			Relati	onship		Name of Inter	rnational Org	ganization	
19.	What is	your pre	ferred	field of work	? Administr	ative/Language-	related					
20. Would you accept employment for less the six months? YES o NO			than	han 21. Have you previously submitted an application for employment with U.N.? If so when?					with U.N.?			
22.	KNOWLED	GE OF LAN	GUAGES.	What is your	mother ton	gue? ENGLISH						
			READ		1	WRITE		SPEAK	UNDERSTAND			
	OTHER :	LANGUAGES		Easily	Not Easil	y Easily	Not Easily	Easil	ly Not Easily	Easily	Not Easily	
23. For clerical grades only Indicate speed in words per minute.100 List any office machines or equipment years.					t you can use							
				English		Other	languages					
					French							
Typ Sho	ing rthand											

Please do not translate or equate to other degrees. A. UNIVERSITY OR EQUIVALENT									
		ATTENDEL	FROM/TO						
NAME. D	LACE AND COUNTRY	Mo./Year	Mo./Year		DEGREES and ACADEMIC DISTINCTIONS OBTAINED MA			IN COURSE OF STUDY	
HILLY 11	ELCE THE COUNTRI	HO., Teal	110171011		DIBILINGILON	J ODININED	7411	IN COOKED OF BIODI	
B. SCHOOLS OR OT	HER FORMAL TRAINING	OR EDUCATION FROM AG	E 14 (e.g. hi	gh sch	ool, technic	al school or	apprenticesh	nip)	
					ATTENDED FROM/TO CERTIFICATES OR				
NAME, PI	LACE AND COUNTRY		TYPE					OMAS OBTAINED	
25. LIST PROFESSION	ONAL SOCIETIES AND A	CTIVITIES IN CIVIC,	PUBLIC OR INT	ERNATI	ONAL AFFAIRS				
26. LIST ANY SIGN	IFICANT PUBLICATIONS	YOU HAVE WRITTEN (D	o 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 PO	ST (LAST POST, IF NO	T PRESENTLY IN EMPLO	YMENT)						
FROM	TO	SALARIES PI	ER ANNUM	I	EXACT TITLE (OF YOUR POST	:		
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL						
NAME OF EMPLOYER:				-	TYPE OF BUSINESS:				
NAME OF EMPLOYER:									
ADDRESS OF EMPLOYER:				1	NAME OF SUPERVISOR:				
					NO. AND KIND OF EMPLOYEES REASON FOR				
					SUPERVISED BY YOU: LEAVING:				
DESCRIPTION OF YOUR DUTIES									

FROM	TO	SALARIES	PER ANNUM	EXACT TITLE OF YOUR POST:			
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL				
NAME OF EMPLOYER: IC	CTY			TYPE OF BUSINESS:			
ADDRESS OF EMPLOYER	₹:			NAME OF SUPERVISOR:			
				NO. AND KIND OF EMPLOYEES	REASON FOR		
				SUPERVISED BY YOU:	LEAVING:		
		DE	SCRIPTION OF YOUR I	DUTIES			
		1					
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:			
				10 110 110 01 mm on more	DELGOV TOD		
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:		
		DE	SCRIPTION OF YOUR I	DUTIES			
FROM	TO	SALARIES	PER ANNUM	EXACT TITLE OF YOUR POST:			
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL				
NAME OF EMPLOYER:	NAME OF EMPLOYER: TYPE OF BUSINESS:						
ADDRESS OF EMPLOYER	:			NAME OF SUPERVISOR:			
				NO. 110 HEND OF THE CHIEF	DELGOV FOR		
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:		
DESCRIPTION OF YOUR DUTIES							
	1			1			
FROM	TO		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:			
				1			
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:		
<u> </u>			OUTIES				

28.	28. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES O						
29.	29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY? YES O NO If answer is "yes", WHEN?						
30.		related to you, who are familiar with your cha upervisors listed under Item 27	racter and qualifications.				
	FULL NAME	FULL ADDRESS	BUSINESS OR OCCUPATION				
31.	31. STATE ANY OTHER RELEVANT FACTS. INCLUDE INFORMATION REGARDING AND 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 (exclude minor traffic violations)? YES O 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.							