


INSTRUCTIONS Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions.		 UNITED NATIONS PERSONAL HISTORY			Do Not Write in This Space		
1. Family name		First name		Middle name		Maiden name, if any	
2. Date of Birth Day Mo. Yr.		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 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 <input type="checkbox"/> NO <input type="checkbox"/> 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:	
15. Have you any dependents? YES <input type="checkbox"/> NO <input type="checkbox"/> If the answer is "yes", give the following information:							
NAME		Date of Birth		Relationship		NAME	
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? <input type="checkbox"/> YES <input type="checkbox"/> 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?			
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
23. For clerical grades only Indicate speed in words per minute				List any office machines or equipment you can use			
Typing Shorthand	English	French	Other languages				
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 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.						
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:
DESCRIPTION OF YOUR DUTIES				
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 TO EVER BEEN, A PERMANENT 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, 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
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 <input type="checkbox"/> NO <input type="checkbox"/> 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.				