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| **INSTRUCTIONS**Please answer each questionclearly and completely.*Type or print in ink.* Read carefully and follow all direction. | **UNITEDNATIONS****PERSONAL HISTORY****Junior Professional Officer Programme****Do Not Write In This Space** |

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| **1.** NAME: | *Family Name* | *First Name* | *Middle Name* | *Maiden name, if any* |
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| **2.** DATE OF BIRTH | *Day / Mo. / Yr.* | **3.** PLACE OF BIRTH | **4.** NATIONALITY AT BIRTH | **5.** PRESENT NATIONALITY | **6.** SEX |

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| **7.** MARITAL STATUS:*Single*  *Married*  *Separated*  *Widow(er)*  *Divorced*  |

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| **8.** PERMANENT ADDRESS: | **9.** PRESENT ADDRESS *(if different)* | **10.** PRIVATE EMAIL ADDRESS | **11.** TELEPHONE NUMBER(S) |

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| **12.** DO YOU HAVE ANY DEPENDANTS?YES  NO   *If the answer is "yes", give the following information:* |

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| NAME | Date of Birth | Relationship | NAME | Date of Birth | Relationship |
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| **13.** HAVE YOU TAKEN UP LEGAL PERMANENT RESIDENCE STATUS IN ANY COUNTRY OTHER THAN YOUR NATIONALITY? YES NO *If answer is "yes", which country?* |
| **14.** HAVE YOU TAKEN UP ANY LEGAL STEPS TOWARDS CHANGING YOUR PRESENT NATIONALITY? YES NO *If answer is "yes", explain fully:* |
| **15.** ARE ANY OF YOUR RELATIVES EMPLOYED BY A PUBLIC INTERNATIONAL ORGANIZATION?YES NO  *If answer is "yes", give the following information:* |

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| NAME | Relationship | Name of International Organization |
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| **16.** WHAT IS YOUR PREFERRED FIELD OF WORK?  |

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| **17.** KNOWLEDGE OF LANGUAGES. *What is your mother tongue?*  |

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|  | READ | WRITE | SPEAK | UNDERSTAND |
| OTHER LANGUAGES | Easily | Not Easily | Easily | Not Easily | Easily | Not Easily | Easily | Not Easily |
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| **18.** EDUCATION. Give full details - *N.B. Please give exact titles of degrees in original language and in English.*A. UNIVERSITY OR EQUIVALENT |

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| NAME, PLACE AND COUNTRY | ATTENDED FROM/TO | DEGREES and ACADEMICDISTINCTIONS OBTAINED | MAIN COURSE OF STUDY |
| *Mo./Year* | *Mo./Year* |
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| B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 *(e.g. high school, technical school or apprenticeship)* |

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| NAME, PLACE AND COUNTRY | TYPE | ATTENDED FROM/TO | CERTIFICATES OR DIPLOMAS OBTAINED |
| *Mo./Year* | *Mo./Year* |
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| **19.**  LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS  |
| **20.** 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.*  |

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| TITLE OF YOUR POST  | Employment  | Contract type (fixed term, consultant, volunteer, intern etc.)  | DATES*(day/month/year)* | REASON FOR LEAVING |
| Full time | Part time % |
| **A.** |  |  |  | From:To: |  |
| **B.** |  |  |  | From:To: |  |
| **C.** |  |  |  | From:To: |  |
| **D.** |  |  |  | From:To: |  |
| **E.** |  |  |  | From:To: |  |

(MOST) CURRENT POSITION

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| --- |
| EXACT DATE OF EMPLOYMENT |
| FROM **DAY/MONTH/YEAR**  | TO **DAY/MONTH/YEAR** |
| NAME OF EMPLOYER:  | TITLE OF YOUR POST:   |
| CITY & COUNTRY OF EMPLOYMENT:  | FULL TIME or PART TIME (%):  |
| NAME AND TITEL OF SUPERVISOR:  | PAID/UNPAID:  |
| DESCRIPTION OF YOUR DUTIES  |
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 PREVIOUS POSTS IN DETAILS *(IN REVERSE ORDER)*

**B.**

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| EXACT DATE OF EMPLOYMENT |
| FROM **DAY/MONTH/YEAR**  | TO **DAY/MONTH/YEAR** |
| NAME OF EMPLOYER:  | TITLE OF YOUR POST:   |
| CITY & COUNTRY OF EMPLOYMENT:  | FULL TIME or PART TIME (%):  |
| NAME AND TITEL OF SUPERVISOR:  | PAID/UNPAID:  |
| DESCRIPTION OF YOUR DUTIES  |
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**C.**

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| EXACT DATE OF EMPLOYMENT |
| FROM **DAY/MONTH/YEAR**  | TO **DAY/MONTH/YEAR** |
| NAME OF EMPLOYER:  | TITLE OF YOUR POST:   |
| CITY & COUNTRY OF EMPLOYMENT:  | FULL TIME or PART TIME (%):  |
| NAME AND TITEL OF SUPERVISOR:  | PAID/UNPAID:  |
| DESCRIPTION OF YOUR DUTIES  |
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**D.**

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| EXACT DATE OF EMPLOYMENT |
| FROM **DAY/MONTH/YEAR**  | TO **DAY/MONTH/YEAR** |
| NAME OF EMPLOYER:  | TITLE OF YOUR POST:   |
| CITY & COUNTRY OF EMPLOYMENT:  | FULL TIME or PART TIME (%):  |
| NAME AND TITEL OF SUPERVISOR:  | PAID/UNPAID:  |
| DESCRIPTION OF YOUR DUTIES  |
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**E.**

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| --- |
| EXACT DATE OF EMPLOYMENT |
| FROM **DAY/MONTH/YEAR**  | TO **DAY/MONTH/YEAR** |
| NAME OF EMPLOYER:  | TITLE OF YOUR POST:   |
| CITY & COUNTRY OF EMPLOYMENT:  | FULL TIME or PART TIME (%):  |
| NAME AND TITEL OF SUPERVISOR:  | PAID/UNPAID:  |
| DESCRIPTION OF YOUR DUTIES  |
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| **21.** ARE YOU NOW, OR HAVE YOU EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY?YES  NO If answer is "yes", WHEN? |
| **22.** HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES  NO  |
| **23.** REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications. |
| FULL NAME | FULL ADDRESS | BUSINESS OR OCCUPATION |
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| **24.** ENTRY INTO UNITED NATIONS SERVICE MIGHT REQUIRE ASSIGNMENT AND TRAVEL TO ANY AREA OF THE WORLD IN WHICH THE UNITED NATIONS MIGHT HAVE RESPONSIBILITIES. DO YOU HAVE ANY DISABILITIES WHICH MIGHT LIMIT YOUR PROSPECTIVE FIELD OF WORK OR YOUR ABILITY TO ENGAGE IN AIR TRAVEL?YES  NO *If "yes", please describe.***25.** SHORTLISTED QUALIFIED CANDIDATES FOR A POSITION WILL BE EVALUTED THROUGH A COMPETENCY-BASED INTERVIEW. DO YOU HAVE ANY CONDITION THAT REQUIRES THE EVALUATING OFFICE TO MAKE SPECIAL ARRANGEMENTS FOR THE INTERVIEW?YES  NO *If "yes", please describe.***26.** 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  NO*If "yes", give full particulars of each case in an attached statement.* |
| **27.** MOTIVATION LETTER |
| **28.** 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 |