Please answer each que clearly and completely.	Гуре	UNITED W NATIONS										
or print in ink. Read care and follow all directions.	efully	PERSONAL HISTORY										
1. Family name		First name			Middle name Maio				den nan	ne, if any		
2. Day Mo. Y Date of Birth	r. 3. Place o	of birth	4.	4. Nationality (ies) at birth				5. Presen	ent nationality (ies)			6. Sex
	Marital status: Single ☐	Married	☐ Separated ☐ Widow(er) ☐					☐ Divorced ☐				
10 Entry into United Nation Have you any disabilitie describe.										ons might h NO □		ponsibilities. yes", please
11. Permanent address	12 . Pres	12. Present address (if different) 13. Office Office E-mail:					e Fax. N					
Telephone No.	Telepho	ne/Fa	x No.									
15. Have you any depende	nts? YES □	NO □	If th	ne answ	er is "yes",	give t	the follow	ng informa	ation:			
NAME	NAME Date of Birth		Relationship		NAME			Date of Bi		3irth Rela		ationship
16. Have you taken up lega If answer is "yes", which		sidence status	in any	country	other than	n that	of your na	ationality?		YE	s 🗆	NO 🗆
17. Have you taken any leg If answer is "yes", expla	in fully:					YE	ES 🗌	NO 🗆				
18. Are any of your relative If answer is "yes", give the	he following inf		ational	organiz	ation?		YES	□NO				
NA		Relationship N				Name of International Organization						
19. What is your preferred t	field of work?											
20. Would you accept employment for less than six months YES □ NO □ if so when?							with U.N.?					
			1	l.	o when?							
22. KNOWLEDGE OF LAN		-	ner ton									
	RE		Not		WRITE Not		SPEAK I		ot	UNDER		TAND Not
OTHER LANGUAGES	Easily	Easily	Ea	asily	Easily		Easily		sily	Easily	,	Easily
23. For clerical grades only Indicate speed in words per minute					List any office machines or equipment you can use							
Typing	English	French	Oth	ner la	n g u a g e	e s						
Shorthand 24. EDUCATIONAL. Give	 full details - N F	3. Please give	exact t	itles of c	legrees in	oriain	al langua	ne.				

Do Not Write in This Space

A. UNIVERSITY OR EQUIVALENT

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		S and ACADE	MIC	MAIN COURSE OF STUDY			
,		Mo./Year	Mo./Year	DISTINCT	TINCTIONS OBTAINED					
D 0011001000	071155 5051441		A TION EDOM							
B. SCHOOLS OR	OTHER FORMAL	TRAINING OR EDUC	T TO THE PROPERTY OF THE PROPE		AGE 14 (e.g. high school, technical school or apprenticeship) ATTEND FROM/TO CERTIFICATES OR					
NAME, PLACE AND COUNTRY		v т	TYPE		FROW/10		CERTIFICATES OR			
IVAIVIL, I LA	OL AND COONTR		11 L	Mo./Year	Mo./Year Mo./Year		DIPLOMAS OBTAINED			
				10.00 !!!						
25. LIST PROFES	SSIONAL SOCIETII	ES AND ACTIVITIES I	N CIVIC, PUBL	IC OR INTERN	NATIONAL AF	FAIRS				
26. LIST ANY SIG	INIFICANT PUBLIC	CATIONS YOU HAVE	WRITTEN (do no	ot attach)						
27 EMPLOYME	NT RECORD: Startin	a with your present po	st. list in reverse	e order every er	nplovment voi	u have had	. Use a separate block for each			
post. Include	e also service in the	armed forces and note	any period during	g which you wer	e not gainfully		If you need more space, attach			
additional pag	ges of the same size.	Give both gross and net	salaries per annu	m for your last or	present post.					
A. PRESENT	POST (LAST POST,	IF NOT PRESENTLY IN	EMPLOYMENT)							
FROM				EXACT TITLE OF YOUR POST:						
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL							
				T/DE 05 B	HONEOO					
NAME OF EMPLO	TYPE OF BUSINESS:									
ADDRESS OF EN	NAME OF S	NAME OF SUPERVISOR:								
	NO. AND KIND OF EMPLOYEES REASON FOR LEAVING									
	SUPERVISED BY YOU:									
		DESC	CRIPTION OF Y	OUR DUTIES						

B. PREVIOUS POSTS (IN REVERSE ORDER) FROM 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 REASON FOR LEAVING: SUPERVISED BY YOU: DESCRIPTION OF YOUR DUTIES TO SALARIES PER ANNUM EXACT TITLE OF YOUR POST: FROM STARTING FINAL MONTH/YEAR MONTH/YEAR NAME OF EMPLOYER: TYPE OF BUSINESS: ADDRESS OF EMPLOYER: NAME OF SUPERVISOR: 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:** MONTH/YEAR STARTING FINAL MONTH/YEAR TYPE OF BUSINESS: NAME OF EMPLOYER: ADDRESS OF EMPLOYER: NAME OF SUPERVISOR: NO. AND KIND OF EMPLOYEES REASON FOR LEAVING

DESCRIPTION OF YOUR DUTIES

SUPERVISED BY YOU:

FROM	ТО	SALARIES F	PER ANNUM	EXACT TITLE OF YOUR POS	ST:			
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL					
WONTHILAR								
NAME OF EMPLO	OVED:			TYPE OF BUSINESS:				
NAME OF EMPL	JIEK.			THE OF BOSINESS.				
ADDRESS OF E	MPLOYER:			NAME OF SUPERVISOR:				
			NO. AND KIND OF EMPLOYEES REASON FOR LEAVING					
		DEG	SUPERVISED BY YOU:					
		DE	SCRIPTION OF YOU	JN DOTIES				
28. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES NO								
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. Do not repeat names of supervisors listed under item 27.								
FULL NA	FULL NAME FULL ADDRESS BUSINES							
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 sta	atement.	,				
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	e which supports the	statements you have made at	pove. Do not, however, send any			
documenta	ry evidence until you		do so by the Organiza	ation and, in any event, do not	submit the original texts of references			