

<p align="center">INSTRUCTIONS</p> <p>Please answer each question clearly and completely. Type or print in Ink. Read carefully and follow all directions</p>	<p>NATIONS</p> <p>PERSONAL HISTORY</p>	<p>Do not Write in This Space</p>																																				
<p>1. Family name First name Middle name Maiden name, if any</p>																																						
<p>2. Date of Birth Day Mo. Yr.</p>	<p>3. Place of birth</p>	<p>4. Nationality (ies) at birth</p>																																				
<p>5. Present nationality (ies)</p>	<p>6. Sex</p>																																					
<p>7. Height</p>	<p>8. Weight</p>	<p>9. Marital status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/></p>																																				
<p>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.</p>																																						
<p>11. Permanent address</p>	<p>12. Present address (if different)</p>	<p>13. Office Telephone No.</p>																																				
<p>15. Have you any dependents? YES <input type="checkbox"/> NO <input type="checkbox"/> if the answer is "yes", give the following information:</p>																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">NAME</th> <th style="width:15%;">Date of Birth</th> <th style="width:15%;">Relationship</th> <th style="width:25%;">NAME</th> <th style="width:15%;">Date of Birth</th> <th style="width:20%;">Relationship</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	NAME	Date of Birth	Relationship	NAME	Date of Birth	Relationship																			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">NAME</th> <th style="width:15%;">Date of Birth</th> <th style="width:20%;">Relationship</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		NAME	Date of Birth	Relationship									
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<p>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?</p>																																						
<p>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:</p>																																						
<p>18. Are any of your relatives employed by a public international organization? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> if answer is "yes", give the following information:</p>																																						
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<p>19. What is your preferred field of work?</p>																																						
<p>20. Would you accept employment for less than six months? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>21. Have you previously submitted an application for employment with U.N.? if so when?</p>																																					
<p>22. Knowledge of LANGUAGES. What is your mother tongue? Arabic</p>																																						
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">English</th> <th style="width:20%;">French</th> <th style="width:20%;">languages</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	English	French	languages										<p>List any office machines or equipment you can use :</p>																									
English	French	languages																																				

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:	
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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				

PLEASE SEE ATTACHMENT, i.e., Continuation of Item 27

28. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES NO X

29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY? YES NO X 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 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. 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.