INSTRUCTIONS Please answer each question clearly and completely. Type or print in Ink. Read carefully and follow all directions				NATIONS	Do not Write in	n This Spac	e			
				PERSONAL I	HISTORY					
1. Family name			First	name	Middle name		Maiden name, if	any		
2.Date Day Mo. Yr. of Birth			3. Place of birth		4. Nationality	(ies) at birth	5. Present nationality (ies)			6. Sex
7. Height	8. Weigh	nt	 Marital status: Married □ Sep 							
-			ight require assignment d of work or your abili	and travel to any area	of the world in wh			nsibilities. Hav	e you any	disabilities
11. Permanent address			12. Present addre	ess (if different)		13. Office Telephone No.				
15. Have you a	any depend	ents?	YES □ NO	if the answe	er is "yes", give	formation:				
NAM	E		Date of Birth Relationship		NA	ME	Date of Birth Rela		Relation	onship
if answer is "yes",	which cou	ntry?	towards changing y				YES □NO □			
18. Are any of	your relati	ves empl	oyed by a public int	ternational organiza	ation?	ES NO □				
if answer is "yes",	give the fo	ollowing i	nformation:							
NAM	E			Name of International Organization						
19. What is your prefe 20. Would you accept			s than six months?	YES □NO □	mitted an application for employment with U.N.?					
22. Knowledge of LA	NGUAGES	S. What is	s your mother tongu	ue? Arabic		_	<u> </u>			
Other LANGUAGES		READ		ITE		PEAK		DERST		
		Easily	Not Easily	Easily	Not Easily	Fluently	Not Fluently	Easily	Not E	asily
23. For clerical grades only			List any office machines or							
Indicate speed in words per minute:			you can t			ı				
English		French languages								
						I				

24. EDUCATIONAL. Give full details A. UNIVERSITY OR EQUIVA			egrees in original inslate or equate to					
NAME, PLACE AND COUNTRY		ATTENDED FROM/TO		DEGREES and ACADEMIC DISTINCTIONS OBTAINED		MAIN COURSE OF STUDY		
			Mo./Year					
B. SCHOOLS OR OTHER FORMAL TRAIN	ING OR EDUCATION	ON FROM AGE 14	(e.g. high school, tec	hnical school or appre	enticeship)			
NAME, PLACE AND COUNTRY		T	YPE	ATTEND	FROM/TO	CERTIFICATES OR		
				M /W N /W		DIPLOMAS OBTAINED		
				Mo./Year	Mo./Year			
AS I JOT DESCRIONAL GOODERS	IG AND ACTIVITY	THE ON COME	DUDLIC OD INT	EDMATIONALA	FEARE			
25. LIST PROFESSIONAL SOCIETIE	S AND ACTIVI	TIES IN CIVIC, I	PUBLIC OR INT	ERNATIONAL A	FFAIRS			
26. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (Do not attach)								
27. EMPLOYMENT RECORD: Starti	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								
same size. Give both gross and net salar	ries per annum for	r your last or pres	sent post.					
A. PRESENT POST (LAST POST, IF	NOT PRESENT	LY IN EMPLOY	MENT)					
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:				
Month/Year	Month/Year	STARTING	FINAL					
NAME OF EMPLOYER:	ı.		".	TYPE OF BUSINESS				
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:				
TIDDICESS OF EAR BOTEK				NO. AND KIND OF EMPLOYEES		REASON FOR LEAVING		
				SUPERVISED B	Y YOU:			
DESCRIPTION OF YOUR DUTIES								

B. PREVIOUS POSTS (IN REVERSE ORDER)

FROM		ТО	SAL	SALARIES PER ANNUM		JМ	EXACT TITLE OF YOUR POST:			
Month/Year		Month/Year	nth/Year STARTING		FINA	ΛL				
		Monay real STI								
NAME OF EMPLOYER:			<u> </u>				TYPE OF BUSINESS:			
ADDRESS OF EMPLOYER:							NAME OF SUPERVISOR:			
							NO. AND KIND OF EMPLOYEES REASON FOR LEAVING			
							SUPERVISED BY YOU:			
			DESCR	IPTION (OF YOUR	DUTI	ES			
						Т				
FROM	,	ТО	SALARIES PER ANNUM			EXACT TITLE OF YOUR POST:				
Month/Year	Mon	th/Year	ear STARTING FINAL							
NAME OF EMPLOYER:							TYPE OF BUSINESS:			
ADDRESS OF EMPLOYER:							NAME OF SUPERVISOR:	1		
							NO. AND KIND OF EMPLOYEES REASON FOR LEAVING SUPERVISED BY YOU:			
DESCRIPTION OF YOUR DUTIES										
FROM		ТО	SALARIES PER ANNUM		UM	EXACT TITLE OF YOUR POST:				
Month/Year		Month/Year	STAR	TING	FIN	AL				
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 EX			EXA	ACT TITLE OF YOUR POST:				
Month/Year Month/Ye		ar STAl	STARTING 1		FINAL					
NAME OF EMPLOYER: TYPE							YPE OF BUSINESS:			
ADDRESS OF EMPLOYER: NA							AME OF SUPERVISOR:			
							O. AND KIND OF EMPLOYEES REASON FOR LEAVING: UPERVISED BY YOU:			
			DESCR	IPTION (OF YOUR			1		

28. HAVE YOU ANY OBJECTIONS TO OUR MAKING	INQUIRIES OF YOUR PRESENT EMPL	OYER? 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 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 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.								