



Attach recent photograph here	<p><b>IMPORTANT</b></p> <p>Please answer each question completely. Type or print in dark ink. All relevant information should be included on this form, but if necessary Additional pages of similar size may be attached. You may be requested to supply documentary evidence supporting the statements below. Do not attach any such documents now.</p> <p>If your qualifications meet the Organisation's needs, this form will be retained in our active files for two years. Please keep us advised of any changes in address during this period.</p>	Do not write in this space          Date received:
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1

Family name (surname)	First/ other names	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Maiden name if any
Present nationality	Date of birth:	Day	Month	Year	Place and country of birth
Has your nationality ever been changed or is it in the process of being changed?	<input type="checkbox"/> No <input type="checkbox"/> Yes(explain)				
Address to which correspondence should be sent					Telephone

2

For what type(s) of work do you wish to be considered?	If you apply for a vacancy announcement state no. or reference
Check period(s) of employment you would accept	<input type="checkbox"/> Indefinite <input type="checkbox"/> Long-term (one year or more) <input type="checkbox"/> Short-term (less than one year)
Employment by an International Organisation may require assignment and travel to any area. If you have any disabilities or reservations which may restrict your activities in this respect, give details.	

3

**EDUCATION** Give full details in chronological order. Give the exact name of the institution and title of degrees/ certificates in the original language. Exclude primary/secondary school if you have a university degree or equivalent. Include courses and post-graduate studies in your professional or related field.

From Month/ year	to Month/ year	Institution (name, place)	Certificates, degrees obtained	Main field(s) or subject(s) of study

4

<p><b>LANGUAGE KNOWLEDGE</b></p> <p>For lanugange <b>other than mother tongue</b>, enter appropriate number from code below to indicate level of your language knowledge.</p> <p>CODE: 1. Limited conversation, reading of newspapers, routine correspondence.                  2. Engage freely in discussions, read and write more difficult material.                  3. Speak, read and write (nearly) as in mother tongue</p>	CIRCLE mother tongue	SPEAK	READ	WRITE
	ENGLISH			
	FRENCH			

**5.1** **EMPLOYMENT RECORD** Starting with your present or most recent post, list in reverse order positions held.  
Attach additional pages if necessary.

**PRESENT OR MOST RECENT EMPLOYMENT**

Period		Total annual professional income		Exact title of your post
From	To	Starting	Most recent	
Give details of substantial allowances or fringe benefits (if any)			Number and type of employees supervised by you, if any	
Name and address of employer			Name and title of supervisor	
Reason for wishing to change employment				
Description of your duties and responsibilities:				
Have you any objections to our making inquiries of your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No    Are you now in Government employ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are offered an appointment, how soon thereafter can you report for duty?				

**5.2**

Period		Total annual professional income		Exact title of your post
From	To	Starting	Most recent	
Give details of substantial allowances or fringe benefits (if any)			Number and type of employees supervised by you, if any	
Name and address of employer			Name and title of supervisor	
Reason for leaving				
Description of your duties and responsibilities:				

5.3	Period		Exact title of your post	Number and type of employees supervised by you, if any
	From	To		
Name and address of employer			Name and title of supervisor	
Reason for leaving				
Description of your duties and responsibilities:				

5.4	Period		Exact title of your post	Number and type of employees supervised by you, if any
	From	To		
Name and address of employer			Name and title of supervisor	
Reason for leaving				
Description of your duties and responsibilities:				

5.5	Period		Exact title of your post	Number and type of employees supervised by you, if any
	From	To		
Name and address of employer			Name and title of supervisor	
Reason for leaving				
Description of your duties and responsibilities:				

6 Length of stay at present place of residence	in country	Civil status <input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
	in city		<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Separated

7 Give names of any dependents:

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship

Give names of any near relatives who are employed by the United Nations or one of its Specialised Agencies.

Name	Relationship	International Organisation

8 If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars

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9 **REFERENCES** List three persons not related to you who are familiar with your character and qualifications. Do not repeat names of supervisors listed under "Employment record".

Name	Address (telephone No. if known)	Occupation, business, title

10 State any other relevant facts which might help to evaluate your application. List professional societies of which you are a member, and activities in civil, public or international affairs. Include information on residence or prolonged travel abroad (except as tourist) giving dates, areas, purpose, etc.

If you are now holding or if you have held a fellowship, state place, date and duration of fellowship, and by whom awarded

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 ATTACH LIST GIVING TITLES OF SIGNIFICANT PUBLICATIONS OR PAPERS IN YOUR PROFESSIONAL FIELD WHICH YOU HAVE WRITTEN, AND NAMES OF JOURNALS, ETC. IN WHICH THEY APPEARED. DO NOT ATTACH THE PUBLICATIONS THEMSELVES.

11 Indicate speed in words per minute (for clerical jobs only)

	English	French	Spanish	Other languages	
Typing					
Shorthand					

12 I certify that the statements made by me on this form are true, complete and correct. I understand that any false statement or required information withheld may provide grounds for the withdrawal of any offer of appointment or the cancellation of any contract of employment with the Organisation.

Date and place \_\_\_\_\_ Signature .....

Home address (if different from address as given on page 1)	Telephone