



Personal History Form
1 United Nations Plaza, New York, NY 10017

INSTRUCTIONS: Please answer each question clearly and **completely**. Type or print in ink. Read carefully and follow all directions. If you need more space, attach additional pages of the same size. Please attach recent passport-size photograph.

1. Family name (Surname) First names Maiden name, if applicable

2. Date of Birth day <input type="text"/> month <input type="text"/> year <input type="text"/>	3. Place of birth	4. Nationality at birth	5. Present nationality(ies)	6. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
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7. Height	8. Weight	9. Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/>			
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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 NO If "yes" please describe:

11. Permanent address Telephone No.	12. Present address if different from that indicated in box 11. Telephone No.	13. Office Telephone no. Telephone No. (messages)
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14. Have you any dependents? Yes No if the answer is "Yes", give the following information:

Name	Date of birth	Relationship	Name	Date of birth	Relationship

15. 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 "Yes", which country?	16. Have you taken any steps towards changing your present nationality? Yes <input type="checkbox"/> No <input type="checkbox"/> if "Yes", explain fully:
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17. Are any of your relatives employed by a public international organization? Yes No if answer is "yes", give the following information:

Name	Relationship	Name of International Organization

18. What is your preferred field of work?

19. Would you accept employment for less than six months? Yes <input type="checkbox"/> No <input type="checkbox"/>	20. Have you previously submitted an application for employment with U.N.? If so when?
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21. Languages - List mother tongue first	Ability to read			Ability to write			Ability to speak		
	Very good	Good	Weak	Very good	Good	Weak	Very good	Good	Weak
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Clerical skills (for clerical employment only).					List any office machines or equipment you can use below:
<i>Indicate speed in words per minute</i>	English	French	Spanish	Other languages	
Typing					
Shorthand					

23. EDUCATION: Give full details - NB Please give exact titles of degrees in original language

A. University or equivalent (most recent first) of the educational institutions you have attended and other specialized courses. Give the exact name of institution and title of degrees, diplomas, etc. (Please do not translate or equate to other degrees.)

Name, place and country	Attended From/To		Certificates, diplomas or degrees and academic distinctions obtained	Main course of study
	Mo/Year	Mo. /Year		

B. Schools or other formal training or education from age 14 (e.g. high school, technical school or apprenticeship)

Name, place and country	Type	Attended From/To		CERTIFICATES OR DIPLOMAS OBTAINED
		Mo/Year	Mo. /Year	

24. List membership of professional societies and activities in civic, public or international affairs

25. List any significant publications you have written (do not attach them).

26. EMPLOYMENT RECORD: Starting with your present post, list in reverse order every employment you have had. Use a separate block for each employment. 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. Give both gross and net salaries per annum for your last or present post.

A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
Month/Year	Month/Year	Starting (gross)	Final (gross)	
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

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B. PREVIOUS POSTS (IN REVERSE ORDER - I.E. MOST RECENT POSTS FIRST)

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
Month/Year	Month/Year	Starting (gross)	Final (gross)	
NAME OF EMPLOYER				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
Month/Year	Month/Year	Starting (gross)	Final (gross)	
NAME OF EMPLOYER				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
Month/Year	Month/Year	Starting (gross)	Final (gross)	
NAME OF EMPLOYER				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
Month/Year	Month/Year	Starting (gross)	Final (gross)	
NAME OF EMPLOYER				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
Month/Year	Month/Year	Starting (gross)	Final (gross)	
NAME OF EMPLOYER				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
Month/Year	Month/Year	Starting (gross)	Final (gross)	
NAME OF EMPLOYER				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
Month/Year	Month/Year	Starting (gross)	Final (gross)	
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 (gross)	Final (gross)	
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 (gross)	Final (gross)	
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				

27. Have you any objections to our making inquiries of: (a) your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> ; (b) previous employers? Yes <input type="checkbox"/> No <input type="checkbox"/>		
28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY? Yes <input type="checkbox"/> No <input type="checkbox"/> If answer is "yes", WHEN?		
29. References: list three persons not related to you who are familiar with your character and qualifications and who may be contacted for a reference DO NOT REPEAT NAMES OF SUPERVISORS LISTED UNDER ITEM 26.		
FULL NAME	FULL ADDRESS	BUSINESS OR OCCUPATION
30. STATE ANY OTHER RELEVANT FACTS IN SUPPORT OF YOUR APPLICATION. INCLUDE INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY		
31. 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 <input type="checkbox"/> No <input type="checkbox"/> If "Yes" give full particulars of each case in an attached statement		
32. 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 UNDP Personal History form or other document requested by the Organization renders a staff member of the United Nations Development Programme liable to termination or dismissal.		
DATE: _____ SIGNATURE: _____		
Note: You may be requested to provide documentary evidence of the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the originals of any references, testimonials or certificates of academic achievement unless they have been obtained for the sole use of UNDP.		