

French								
Urdu								

23. For clerical grades only
Indicate speed in words per minute

List any office machines or equipment you can use

Typing Shorthand	English	French	Other languages	

24. EDUCATIONAL. Give full details - N.B. 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		DEGREES and ACADEMIC	MAIN COURSE OF STUDY
	Mo./Year	Mo./Year	DISTINCTIONS OBTAINED	

B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g. high school, technical school or apprenticeship)

NAME, PLACE AND COUNTRY	TYPE	ATTEND FROM/TO		CERTIFICATES OR
		Mo./Year	Mo./Year	DIPLOMAS OBTAINED

25. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS

26. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (do not attach)

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 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	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:

DESCRIPTION OF YOUR DUTIES

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:

				SUPERVISED BY YOU:	
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:	
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:	
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:	
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:	
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING
DESCRIPTION OF YOUR DUTIES					
28. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
29. ARE YOU NOW, OR HAVE TO EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If answer is "yes", WHEN?					
30. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications. <i>Do not repeat names of supervisors listed under item 27.</i>					
FULL NAME	FULL ADDRESS			BUSINESS OR OCCUPATION	

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 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.