



Attach recent photograph here	IMPORTANT		Do not write in this space
	<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 Organization'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>		
Date received:			

1 Family name (surname)	First/other names			Title	Sex	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/Mobile Fax e:Mail		

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"/> Fixed-term (one year or more)	<input type="checkbox"/> Temporary (less than one year)	
Employment by an international Organization 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. Employment is subject to medical examination.			

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 postgraduate studies in your professional or related field and all training and qualifications in teaching/learning methodology.				
From Month/year	To Month/year	Institution (name, place)	Certificates, degrees obtained	Main field(s) or subject(s) of study

4 LANGUAGE AND COMPUTER SKILLS					
Mother tongue:		For languages <u>other than mother tongue</u> , enter appropriate number from code below to indicate level of your language knowledge:			
CODE	Languages	Read	Write	Speak	Understand
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.					
List computer skills	For clerical positions only: Indicate speed in words per minute				
	English		French	Other languages	
	Typing				
	Shorthand				

5 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

5.1 Period (Month/Year)		Total annual professional income		Exact title of your post/duty station
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 (Month/Year)		Total annual professional income		Exact title of your post/duty station
From	To	Starting	Final	
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 (Month/Year)		Exact title of your post/duty station	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 (Month/Year)		Exact title of your post/duty station	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 (Month/Year)		Exact title of your post/duty station	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	Marital status <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> Married <input type="checkbox"/> Single </div> <div> <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) </div> <div> <input type="checkbox"/> Separated </div> </div>			
	in city				
7 Give names of spouse and any dependants					
Name	Date of birth	Relationship	Name	Date of birth	Relationship
Give details of any near relatives who are employed by WHO or other international organizations.					
Name		Relationship		International Organization	
8 If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars					
9 <u>REFERENCES</u> List three persons not related to you who are familiar with your character and qualifications. Do not repeat names of supervisors listed under AEmployment record.					
Name	Full address (telephone, fax, e:Mail if known)		Occupation, business, title		
10 State any additional skills and relevant facts which might help to evaluate your application					
If you are now holding or if you have held a fellowship, state place, date and duration of fellowship, and by whom awarded.					
Can a copy of your personal history form be transmitted to: <input type="checkbox"/> other UN Org. <input type="checkbox"/> national govt. (including yours) <input type="checkbox"/> other		- ATTACH LIST OF YOUR SIGNIFICANT PUBLICATIONS OR PAPERS IN YOUR PROFESSIONAL FIELD AND NAMES OF JOURNAL, ETC. IN WHICH THEY APPEARED (DO NOT ATTACH THE PUBLICATIONS THEMSELVES). -ATTACH LIST OF PROFESSIONAL SOCIETIES OF WHICH YOU ARE A MEMBER AND ACTIVITIES IN CIVIL, PUBLIC OR INTERNATIONAL AFFAIRS			
11 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 Organization.					
Date and place			Signature		
Home address (if different from address as given on page 1)			Telephone/Mobile Fax e:Mail		