



Attach recent photograph here	<p style="text-align: center;">IMPORTANT</p> Please answer each question completely. Type or print. Receipt of this form will not be acknowledged.	Do not write in this space Date received:
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1.

Family name (surname)	First/other names	Mr/Mrs/Miss	Maiden name
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	
		Fax	
		E-mail	

2.

For what type(s) of work do you wish to be considered?		If you apply for a Vacancy Notice state No. of 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 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.			

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. **Enclose copies of your diplomas.**

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

4. **KNOWLEDGE OF LANGUAGES**

For languages other than your mother tongue , enter appropriate number from code below to indicate level of your language skills. 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 well as mother tongue.	Mention and indicate your mother tongue	Speak	Read	Write
	English	<input type="checkbox"/>		
	French	<input type="checkbox"/>		
	Spanish	<input type="checkbox"/>		
		<input type="checkbox"/>		

5. **COMPUTER LITERACY** (please state level achieved)

Office systems (word processors, spreadsheets, e-mail, etc.)

Other (database management, operating systems, etc.)

6. **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 (gross)	Most recent (gross)	
Give details of substantial allowances or fringe benefits, if any			Income tax:	Number and type of employees supervised by you, if any
			Net:	
Name and address of employer (telephone No., telefax, e-mail)				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 to 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
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If you are offered an appointment, how soon thereafter can you report for duty?

6.1

Period		Total annual professional income		Exact title of your post
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				

6.2

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			

6.3

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			

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

8.	Give names of spouse and any dependents					
	Name	Date of birth	Relationship	Name	Date of birth	Relationship
Give details of any near relatives who are employed by the United Nations or one of its Specialized Agencies						
	Name		Relationship		Organization	

9.	If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars	
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10.	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".												
	<table border="1"> <thead> <tr> <th>Name</th> <th>Full address (telephone No., fax, e-mail)</th> <th>Occupation, business, title</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	Name	Full address (telephone No., fax, e-mail)	Occupation, business, title									
Name	Full address (telephone No., fax, e-mail)	Occupation, business, title											

11.	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.	



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.

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 Organization.		
	Date and place	Signature	
	Home address (if different from address as given on page 1)		Telephone No., telefax, e-mail)