



PERSONAL HISTORY

Regional Bureau
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 Ciudad del Saber, Clayton, Corregimiento de Ancón
 Apartado Postal 0819-10751, Zona 6, El Dorado
 Panamá, República de Panamá
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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. Be sure to sign and date the form.											CANDIDATE TO AFFIX PHOTOGRAPH HERE							
1. Family Name		First Name			Middle Name			Maiden Name										
2. (A) Present Residence (Specify City, Province or State, and Country)								2. (B) Length of Present Residence										
3. Mailing Address										Telephone Number								
4. (A) Place of Birth				4. (B) Date of Birth (<i>Day, Month, Year</i>)				4. (C) Citizenship at Birth				4. (D) Present Citizenship						
5. Sex (tick) <input type="checkbox"/> Male <input type="checkbox"/> Female				6. Marital Status (tick) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Separated														
7. Have you any dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "Yes" give following information:																		
Name			Date of Birth		Relationship			Name			Date of Birth		Relationship					
8. Have you taken up legal residence status in any country other than that of your nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "Yes", which country?					9. Have you taken any legal steps towards changing your present nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "Yes", explain fully													
10. Have you any near relatives who are employed by a public international organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "Yes", give following information:																		
Name					Relationship					International Organization								
11. For what kind of work do you wish to be considered?											12. For secretarial / clerical grades only indicate speed in word per minute							
															English	French	Spanish	Other languages
															Typing			
											Shorthand							
13. LANGUAGES (List mother tongue first)		READ				WRITE				SPEAK				List any special skills you possess and machines and equipment you can use:				
		Ex-cellent	Good	Fair	Slight	Ex-cellent	Good	Fair	Slight	Ex-cellent	Good	Fair	Slight					

14. Employment by the Organization may require assignment and travel to any area. Have you any disabilities or reservations which may restrict your activities in this respect? Yes No
If answer is "Yes", specify reasons:

15. Would you accept short-term employment? Yes No
If answer is "Yes", indicate: 1 to 3 months 3 to 6 months 6 to 12 months

16. May we refer this Personal History Form to another United Nations Agency if appropriate? Yes No

17. Have you previously submitted an application for employment with an international organization? Yes No
If answer is "Yes", specify organization and date:

18. EDUCATION: Give full details, using the following space insofar as it is appropriate.
(A) University or equivalent PLEASE DO NOT TRANSLATE THE TITLE YOU OBTAINED AS A DEGREE

Name and Place	Years Attended		Degrees and Academic Distinctions	Main Subjects
	From	To		

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

Name and Place	Type	Years Attended		Main Subjects
		From	To	

19. List professional societies, and activities in civic, public, or international affairs

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

21. EMPLOYMENT RECORD:

Starting with your present or most recent post, list in reverse order every employment during the last ten years and significant experience not included in that period which you believe will be helpful in evaluating your record. Use a separate block for each post. Use additional sheets of paper as required. Include service in the armed forces.

Dates		Salaries per annum (Excl. Allowances)		Exact title of your post
From	To(present)	Starting	Present	
Name of Supervisor			Allowance, etc + Total tax - Net Salary -	Duty Station
Name of Employer				Type of Business
Address of Employer				Number and kind of employees supervised by you. Reason for leaving, if applicable

Description of your work:

Dates		Salaries per annum (Excl. Allowances)		Exact title of your post
From	To(present)	Starting	Final	
Name of Supervisor			Allowance, etc + Total tax - Net Salary -	Duty Station
Name of Employer				Type of Business
Address of Employer				Number and kind of employees supervised by you. Reason for leaving, if applicable

Description of your work:

Dates		Salaries per annum (Excl. Allowances)		Exact title of your post
From	To(present)	Starting	Final	
Name of Supervisor			Allowance, etc + Total tax - Net Salary -	Duty Station
Name of Employer				Type of Business
Address of Employer				Number and kind of employees supervised by you. Reason for leaving, if applicable

Description of your work:

Dates		Salaries per annum (Excl. Allowances)		Exact title of your post
From	To(present)	Starting	Final	
Name of Supervisor Name of Employer Address of Employer				Duty Station Type of Business Number and kind of employees supervised by you. Reason for leaving, if applicable
Description of your work:				
22. Have you any objections to our making inquiries of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
23. REFERENCES: List three persons not related to you who are familiar with your character and qualifications. Do not repeat names of supervisors listed under item 21.				
Full Name		Full Address (Telephone No. if known)		Business or Occupation
24. LEGAL CONVICTIONS (include all convictions other than those for minor violations of road traffic regulations)				
Charge	Date	Where tried	Conviction	
25. State any other relevant facts. Include information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc. Also state any disabilities which might limit your field of work. Final appointment will be subject to a physical examination.				
I certify that the statement 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 false statements or any required information withheld from this form may provide grounds for the withdrawal of any offer of appointment or dismissal if an appointment has been accepted.				
Date:		Signature:		
Your application for employment, if found useful to our Programme, will be retained on our roster for a maximum period of 24 months.				