

## UNITED NATIONS WORLD FOOD PROGRAMME

	P	ersonal History	Form	
INSTRUCTIONS: Please follow all directions. If yo			etely. Type or print in ink. R ges of the same size.	ead carefully and
1. Family name (surname	e) 2.	First names	3. Maiden r	name, if applicable
<b>4. Date of Birth</b> day month year	5. Place of birth	6. Nationality at birth	7. List all your current nationality(ies)	8. Gender  Male  Female
	ingle Married	Separated	Widow(er) Divorc	
			avel to any area of the world ight limit your prospective fie	
No ☐ Yes ☐ If "yes"	please describe:			
11. Permanent address	12. Present a that indicated	ddress if different from in box 11.	13. Office Telephone	number
			Home/Mobile;	
			Work;	
			14. Personal and/or p	rofessional e-mail

P11 - 19/06/09

Name

address:

Date of birth

Relationship

Telephone No.

Date of birth

**15.** Have you any dependents? Yes \( \scale \) No \( \scale \) if the answer is "Yes", give the following information:

Relationship

Telephone No.

Name

<b>16.</b> Have you taken up legal permanent residence status in any country other than that of your nationality? No ☐ Yes ☐				<b>17.</b> Have you taken any steps towards changing your present nationality?  No ☐ Yes ☐			
if "Yes", which coun	try(ies)?			if "Yes", explain fu	ully:		
common system, inc	family memb	oers (spo P? Yes [	ouse/partner, father,/r	s "yes", give the follo	wing information:	-	
Name			Relationsh	пр	Name of Or	ganization	
19. Do you have a information:	ny other (ex Name		family members in	UNDP? No 🗌 Yes [	if answer is "yes"  Relationship	, give the following	
		<del>-</del>					

20. Would you acce Yes ☐ No ☐	ept employment for less th	nan six months?	21. Ha	ave you been interviewed	for any UNDP positions in		
			the las	st 12 months? If so, for wh	nich post(s)?		
22. Languages - mother tongue 1 <sup>st</sup>	Abilit	y to operate in the lis	sted la	nguage(s) in a work envir	onment		
•	Read	Write		Speak	Understand		
	none limited working knowledge proficient	none limited working knowle proficient	dge	none limited working knowledge proficient	none limited working knowledge proficient		
	none limited working knowledge proficient	none limited working knowle proficient	dge	☐ none ☐ limited ☐ working knowledge ☐ proficient	☐ none ☐ limited ☐ working knowledge ☐ proficient		
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23. For support Ger	neral Service level posts o	only, indicate if you p	assec	I the following tests:			
ASAT – Administrative Support Assessment Test (formerly known as clerical test): No ☐Yes ☐ if "Yes", date taken							
UN Accounting Ass	istant Exam : No ☐ Yes	☐ No ☐Yes ☐ if "	Yes",	date taken			
24. EDUCATION: (	Give full details - NB Plea	se give exact titles o	of degr	ees in original language			

(highest education first). Give equate to other degrees.)	tne exact name	e of institution	and title of deg	rees, aipiomas,	etc. (Please do not translate or
Name, place and country	Attended Mo/Year	l From/To Mo. /Year	or deg academic	es, diplomas grees and distinctions tained	Main course of study
B. Post-qualification training	g courses / lea	rning activiti	es		
Name, place and country	Тур		Attended Mo/Year	d From/To Mo. /Year	Certificates or Diplomas obtained
					•
	1				

A. List all institutions of learning attended since age 14 and diplomas/degrees or equivalent qualifications obtained

C. UN Language Proficiency	Exams (if any)			
D. UNDP Certification Progr	ammes (if any)			
25. List membership of prof	essional societies and activ	vities in civic, p	oublic or intern	ational affairs
26. List any significant publ	ications you have written (d	lo not attach th	nem) or any sp	ecial recognition
-				

27. 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. Provide gross and indicate denomination salary per annum for your last or present post.							
Have you alread	Have you already been issued a UN Index Number? No ☐ Yes ☐ If yes, please indicate this number:						
				se indicate roster num	nber:		
A. PRESENTI FROM	TO	OST, IF NOT PRE SALARIES PER		FUNCTIONAL TITL	E: As specified in	your Letter of	
Month/Year	Month/Year	Starting (gross)	Final (gross)	Appointment/Contra UN Grade of your p Last UN step in you	act: ost (if applicable):	•	
NAME OF EMP	LOYER:						
				TYPE OF BUSINES	SS:		
				EMPLOYMENT TY	PE:		
				Part Time: [] (	%)		
				Type of contract:			
				☐ 100 Series ☐ Permanent ☐ FTA ☐ SC	☐ 200 series ☐ Indefinite ☐ TA ☐ UNV	☐ ALD/300 series ☐ Continuing ☐ SSA	
						☐ Other	
ADDRESS OF E	EMPLOYER						
				NAME OF SUPERV	/ISOR:		
				Email Add. and/or T	elephone No. Of	Supervisor:	

				Number of Profession	onal Staff	Reason for	
				Supervised:		leaving:	
				Number of Support	Staff		
				Supervised:			
	DESCRI	IPTION OF YOUI	R DUTIES A	 .ND RELATED ACCO	OMPLISHMENTS		
B. <b>PREVIOUS</b>	POSTS (IN RE)	VERSE ORDER -	IF MOST	RECENT POSTS FIF	RST)		
FROM	TO	SALARIES PER				your Letter of	
Month/Year	Month/Year		Final (gross)	FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract: UN Grade of your post (if applicable): Last UN step in your post (if applicable):			
NAME OF EMP	LOVER						
INAME OF EMI	LOTER			TYPE OF BUSINES	SS:		
				EMPLOYMENT TY	PE:		
				Part Time: ☐ (	%)		
				Type of contract:			
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						☐ Other	
ADDRESS OF E	EMPLOYER			NAME OF SUPERV	/ISOR:		
				Email Add. and/or T	elephone No. of S	Supervisor:	

				Number of Professi	onal Staff	Reason for	
				Supervised:		leaving:	
				Number of Support	Staff		
				Supervised:			
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ADDRESS OF E	MPLOYER				<u> </u>		
				NAME OF SUPER\	/ISOR:		
				Email Add. and/or T	elephone No. of	Supervisor:	

				Number of Professi	onal Staff	Reason for
				Supervised:		leaving:
				Number of Support	Staff	
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ADDRESS OF E	MPLOYER				l l	
				NAME OF SUPER\	/ISOR:	
				Email Add. and/or T	elephone No. of \$	Supervisor:
				Number of Profession	onal Staff	Reason for
				Supervised:		leaving:
				Number of Support	Staff	
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				EMPLOYMENT TY Full time:	PE:			
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ADDRESS OF E	EMPLOYER			NAME OF SUPERVISOR:  Email Add. and/or Telephone No. of Supervisor:				
				Number of Professi	onal Staff	Reason for		
				Supervised:		leaving:		
				Number of Support Staff				
				Supervised:				
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				Type of contract:			
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ADDRESS OF E	EMPLOYER						
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				Email Add. and/or T	•	•	
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ADDRESS OF E	EMPLOYER			NAME OF SUPER\	/ISOR:		
				Email Add. and/or T	elephone No. of S	Supervisor:	
				Number of Professi	onal Staff	Reason for	
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				Type of contract:		
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						☐ Other
ADDRESS OF EMPLOYER			NAME OF SUPERVISOR:			
			Email Add. and/or Telephone No. of Supervisor:			
				Number of Professional Staff Reason for		
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				Number of Support	Staff	
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				Last UN step in you	ır post (if applicable	e):

NAME OF EMP	LOYER			TYPE OF BUSINES	SS:	
			EMPLOYMENT TYPE: Full time:			
			Part Time: ☐ ( %)			
				Type of contract:		
				☐ 100 Series ☐ Permanent ☐ FTA ☐ SC	☐ 200 series ☐ Indefinite ☐ TA ☐ UNV	☐ ALD/300 series ☐ Continuing ☐ SSA
						☐ Other
ADDRESS OF EMPLOYER			NAME OF SUPERVISOR:			
			Email Add. and/or Telephone No. of Supervisor:			
			Number of Professional Staff Reason for leaving:			
			Supervised:			
			Number of Support Staff			
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	DESCR	IPTION OF YOUR	R DUTIES A	 ND RELATED ACCO	MPLISHMENTS	
FROM Month/Year	TO Month/Year	SALARIES PER Starting	Final	FUNCTIONAL TITL	E: As specified in	your Letter of
World v Tear	Worth Fred	(gross)	(gross)	Appointment/Contra	act:	
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NAME OF EMPLOYER	TYPE OF BUSIN	ESS:		
	EMPLOYMENT T	YPE:		
	Part Time: ☐ (	%)		
	Type of contract	:		
	☐ 100 Series ☐ Permanent ☐ FTA ☐ SC	☐ 200 series ☐ Indefinite ☐ TA ☐ UNV	☐ ALD/300 series ☐ Continuing ☐ SSA	
			Other	
ADDRESS OF EMPLOYER	NAME OF SUPE	 RVISOR:		
	Email Add. and/o	Email Add. and/or Telephone No. of Supervisor:		
	Number of Profes	sional Staff	Reason for	
	Supervised:		leaving:	
	Number of Suppo	rt Staff		
	Supervised:			
DESCRIPTION O	F YOUR DUTIES AND RELATED ACC	COMPLISHMENTS		
28. Have you any objections to our makin (b) previous employers? No	Yes 🗌		es 🗌 ;	
29. Are you now, or have you ever been,	a permanent civil servant employee in	your government?		
No ☐ Yes ☐ If answer	is "yes", WHEN?			
30. References: list <b>three</b> persons not relable contacted for a reference	ated to you who are familiar with your o	haracter and qualific	cations and who may	
	FULL ADDRESS, including E-MAIL ADDRESS and TELEPHONE NUMBE		OR OCCUPATION	

31. State any other relevant facts in supp	port of your application. Include information	regarding any residence outside the			
	, ,,				
country of your nationality					
32. Have you ever been convicted, fined, or imprisoned for the violation of any law (excluding minor traffic violations)?  No  Yes  If "Yes" give full particulars of each case in an attached statement					
33. Have you ever been imposed disciplinary measures, including dismissal or separation from service, on the grounds of misconduct?  No  Yes  If "Yes" give full particulars of each case in an attached statement					
34. Have you ever been separated from	service on the ground of unsatisfactory perf	formance?			
No ☐ Yes ☐ If "Yes" give full particulars of each case in an attached statement					
35. 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 the UNDP Personal History Form may lead to the termination of the appointment or to dismissal. I understand this also applies to any other information or document requested by the Organization for the purpose of my recruitment to and employment with UNDP.					
DATE:	SIGNATURE:				
<u>Note</u> : 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.					