

16. Have you taken up legal permanent residence status in any country other than that of your nationality?
 No Yes

 if "Yes", which country(ies)?

17. Have you taken any steps towards changing your present nationality?
 No Yes

 if "Yes", explain fully:

18. Are any of your family members (spouse/partner, father./mother, brother/sister, son/daughter) employed in the UN common system, including UNDP? Yes No if answer is "yes", give the following information:

Name	Relationship	Name of Organization

19. Do you have any other (extended) family members in UNDP? No Yes if answer is "yes", give the following information:

Name	Relationship

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20. Would you accept employment for less than six months? Yes <input type="checkbox"/> No <input type="checkbox"/>	21. Have you been interviewed for any UNDP positions in the last 12 months? If so, for which post(s)?
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22. Languages - mother tongue 1 st	Ability to operate in the listed language(s) in a work environment			
	Read	Write	Speak	Understand
	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient
	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient
	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient
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	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient
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23. For support General Service level posts only, indicate if you passed the following tests:

ASAT – Administrative Support Assessment Test (formerly known as clerical test): No Yes if “Yes”, date taken

UN Accounting Assistant Exam : No Yes No Yes if “Yes”, date taken

24. EDUCATION: Give full details - NB Please give exact titles of degrees in original language

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C. UN Language Proficiency Exams (if any)

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D. UNDP Certification Programmes (if any)

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25. List membership of professional societies and activities in civic, public or international affairs

26. List any significant publications you have written (do not attach them) or any special 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 already been issued a UN Index Number? No Yes If yes, please indicate this number:

Are you a current or former UNV? Yes No If yes, please indicate roster number:

A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)

FROM	TO	SALARIES PER ANNUM		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):
Month/Year	Month/Year	Starting (gross)	Final (gross)	

NAME OF EMPLOYER:	TYPE OF BUSINESS:		
	EMPLOYMENT TYPE: Full time: <input type="checkbox"/>		
	Part Time: <input type="checkbox"/> (%)		
Type of contract:			
<input type="checkbox"/> 100 Series	<input type="checkbox"/> 200 series	<input type="checkbox"/> ALD/300 series	
<input type="checkbox"/> Permanent	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Continuing	
<input type="checkbox"/> FTA	<input type="checkbox"/> TA	<input type="checkbox"/> SSA	
<input type="checkbox"/> SC	<input type="checkbox"/> UNV	<input type="checkbox"/> Other	

ADDRESS OF EMPLOYER	NAME OF SUPERVISOR:
	Email Add. and/or Telephone No. Of Supervisor:

	Number of Professional Staff Supervised: Number of Support Staff Supervised:	Reason for leaving:
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DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS

B. PREVIOUS POSTS (IN REVERSE ORDER - I.E. MOST RECENT POSTS FIRST)

FROM	TO	SALARIES PER ANNUM		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):
Month/Year	Month/Year		Final (gross)	
NAME OF EMPLOYER				TYPE OF BUSINESS: EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%)
				Type of contract: <input type="checkbox"/> 100 Series <input type="checkbox"/> 200 series <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Permanent <input type="checkbox"/> Indefinite <input type="checkbox"/> Continuing <input type="checkbox"/> FTA <input type="checkbox"/> TA <input type="checkbox"/> SSA <input type="checkbox"/> SC <input type="checkbox"/> UNV <input type="checkbox"/> Other
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR: Email Add. and/or Telephone No. of Supervisor:

	Number of Professional Staff Supervised: Number of Support Staff Supervised:	Reason for leaving:
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DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS

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NAME OF EMPLOYER	TYPE OF BUSINESS:		
	EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%)		
	Type of contract: <input type="checkbox"/> 100 Series <input type="checkbox"/> Permanent <input type="checkbox"/> FTA <input type="checkbox"/> SC	<input type="checkbox"/> 200 series <input type="checkbox"/> Indefinite <input type="checkbox"/> TA <input type="checkbox"/> UNV	<input type="checkbox"/> ALD/300 series <input type="checkbox"/> Continuing <input type="checkbox"/> SSA <input type="checkbox"/> Other

ADDRESS OF EMPLOYER	NAME OF SUPERVISOR: Email Add. and/or Telephone No. of Supervisor:
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	Number of Professional Staff Supervised: Number of Support Staff Supervised:	Reason for leaving:
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<input type="checkbox"/> 100 Series	<input type="checkbox"/> 200 series	<input type="checkbox"/> ALD/300 series	
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<input type="checkbox"/> FTA	<input type="checkbox"/> TA	<input type="checkbox"/> SSA	
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ADDRESS OF EMPLOYER	NAME OF SUPERVISOR:	
	Email Add. and/or Telephone No. of Supervisor:	
	Number of Professional Staff Supervised: Number of Support Staff Supervised:	Reason for leaving:

DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS

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Month/Year	Month/Year		Final (gross)	

NAME OF EMPLOYER	TYPE OF BUSINESS:																		
	EMPLOYMENT TYPE: Full time: <input type="checkbox"/>																		
	Part Time: <input type="checkbox"/> (%)																		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">Type of contract:</td> </tr> <tr> <td><input type="checkbox"/> 100 Series</td> <td><input type="checkbox"/> 200 series</td> <td><input type="checkbox"/> ALD/300 series</td> </tr> <tr> <td><input type="checkbox"/> Permanent</td> <td><input type="checkbox"/> Indefinite</td> <td><input type="checkbox"/> Continuing</td> </tr> <tr> <td><input type="checkbox"/> FTA</td> <td><input type="checkbox"/> TA</td> <td><input type="checkbox"/> SSA</td> </tr> <tr> <td><input type="checkbox"/> SC</td> <td><input type="checkbox"/> UNV</td> <td></td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Other</td> </tr> </table>	Type of contract:			<input type="checkbox"/> 100 Series	<input type="checkbox"/> 200 series	<input type="checkbox"/> ALD/300 series	<input type="checkbox"/> Permanent	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Continuing	<input type="checkbox"/> FTA	<input type="checkbox"/> TA	<input type="checkbox"/> SSA	<input type="checkbox"/> SC	<input type="checkbox"/> UNV				<input type="checkbox"/> Other
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ADDRESS OF EMPLOYER	NAME OF SUPERVISOR:	
	Email Add. and/or Telephone No. of Supervisor:	
	Number of Professional Staff	Reason for
	Supervised:	leaving:
	Number of Support Staff	
	Supervised:	

DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS

FROM	TO	SALARIES PER ANNUM	FUNCTIONAL TITLE: As specified in your Letter of
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Month/Year	Month/Year		Final (gross)	Appointment/Contract: UN Grade of your post (if applicable): Last UN step in your post (if applicable):
NAME OF EMPLOYER				TYPE OF BUSINESS:
				EMPLOYMENT TYPE: Full time: <input type="checkbox"/>
				Part Time: <input type="checkbox"/> (%)
ADDRESS OF EMPLOYER				Type of contract: <input type="checkbox"/> 100 Series <input type="checkbox"/> 200 series <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Permanent <input type="checkbox"/> Indefinite <input type="checkbox"/> Continuing <input type="checkbox"/> FTA <input type="checkbox"/> TA <input type="checkbox"/> SSA <input type="checkbox"/> SC <input type="checkbox"/> UNV <input type="checkbox"/> Other
				NAME OF SUPERVISOR:
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DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS				Number of Professional Staff Reason for Supervised: leaving:
				Number of Support Staff
				Supervised:
FROM	TO	SALARIES PER ANNUM		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):
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ADDRESS OF EMPLOYER	NAME OF SUPERVISOR:	
	Email Add. and/or Telephone No. of Supervisor:	
	Number of Professional Staff Supervised:	Reason for leaving:
	Number of Support Staff Supervised:	

DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS

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	Number of Professional Staff Supervised: Number of Support Staff Supervised:	Reason for leaving:
DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS		
28. Have you any objections to our making inquiries of: (a) your present employer? No <input type="checkbox"/> Yes <input type="checkbox"/> ; (b) previous employers? No <input type="checkbox"/> Yes <input type="checkbox"/>		
29. Are you now, or have you ever been, a permanent civil servant employee in your government? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes", WHEN?		
30. References: list three persons not related to you who are familiar with your character and qualifications and who may be contacted for a reference		
FULL NAME	FULL ADDRESS, including E-MAIL ADDRESS and TELEPHONE NUMBER	BUSINESS OR OCCUPATION

31. State any other relevant facts in support 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 performance?
 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:** _____

Note: 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.