INSTRUCTIONS Please answer each question clearly and completely. <i>Type or print in ink.</i> Read carefully and follow all direction.				τ	UNITED PERSON	SAL H	NATIONS ISTORY			Do No Space	t Write .	In This
1. Family N	lame	First Nar	ne	Μ	liddle Name	;	Maiden na	ame, if	any			
2. DateDay.Mo.Yr.3. Iof Birth:			3. Pl	ace of birth	1:	4. l birt	Nationality(ies) h:	at	at 5. Present nationality(ies)			6. Sex
7. Height m	8. Weight Kg	9. Marit Sing			ied 🗵	Se	parated	Wie	low(er)		Divor	ced 🛛
Nation		e responsil air travel	bilities. ?		any disabili	ties wl	travel to any are nich might limit , please describ	t your p				
11. Permanent address:				12. Present address (if different)13.Office Te			ffice Tel	ephone	No.			
15. Have y	ou any depe) 🗵 If ti	ne answer is	"yes"	, give the follow	ving in	formatio	n:		
NAM	NAME Date of Birth		irth	Relati	onship	NAME Date of B		te of Bir	rth Relationship			
16. Have you taken up legal permanent residence status in any country other than that of your nationality YES □ NO ⊠ If answer is "yes", which country?												
2	vou taken up ver is "yes",		-	owards cha	nging your _j	presen	t nationality?	YES			NO 🗵]
18. Are any of your relatives employed by a public international organization? If answer is "yes", give the following information:YES □ NO ☑												
NAME				Relationship Name of In			ne of Inte	ernation	al Orga	nization		
19. What is your preferred field of work?												
20. Would you accept employment for less than six months? YES NO □ 21. Have you previously submitted an application for employment with the UN? If so when:												

22. KNOWLEDGE OF LANGUAGES. What is your mother tongue?												
	R			WR	ITE		SPEAK			UNDERSTAND		
OTHER LANGUAGES	LANGUAGES Easily Not Ea		Easily]	Easily	Not Easily		Easily	Not I	Easily	Easily	Not Easily
23. For clerical grades only <i>Indicate speed in words</i>	ner minute							List any use	office m	achines	s or equipm	ent you can
maleare speed in words	per minune.				Other la	inguages		use				
						00						
Typing Shorthand												
24. EDUCATION. Give ful	l details - N	.В.			exact title					2.		
A. UNIVERSITY OR E	OUIVALE	NT	Please a	lo n	iot translat	te or equa	te to	other deg	grees.			
	QUITIE		AT	TE	NDED							
					M/TO	DEC	GREE	ES and A	CADEMI	С	MAIN C	OURSE OF
NAME, PLACE AND C	COUNTRY		Mo./Yea	ar	Mo./Year	DIST	ΓINC	CTIONS OBTAINED			ST	UDY
								D 14 /		1.		1
B. SCHOOLS OR OTHER apprenticeship)	FORMAL	TRAI	NING OF	κΕ	DUCATIC	ON FROM	I AGI	E 14 (e.g.	high sch	ool, tec	hnical scho	ool or
							1	ATTEND FROM/1				
NAME, PLACE AN	ND COUNT	RY			TYPE		FROM/TO CERTIFICATE Mo./Year Mo./Year DIPLOMAS OBT					
25. LIST PROFESSIONAL	SOCIETIE	S ANI	O ACTIV	ITI	ES IN CIV	/IC, PUB	LIC	OR INTE	RNATIC	NAL A	AFFAIRS	
26. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (Do not attach)												
27. EMPLOYMENT RECORD: <u>Starting with your present post, list in reverse order every employment you have had.</u> Use a separate block for each post. 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. Give both gross and net salaries per annum for your last or present post.												

A. PRESENT POS	T (LAST POST, IF N	OT PRESENTLY	IN EMPLOYMENT	r)				
FROM	ТО	SALARIES I	PER ANNUM	EXACT TITLE OF YOUR POST:				
MONTH/YEAR	MONTH/YEAR	STARTING FINAL						
NAME OF EMPLO	OYER:			TYPE OF BUSINESS:				
ADDRESS OF EM	IPLOYER:			NAME OF SUPERVISOR:				
				NO. AND KIND OF EMPLOYEES	REASON FOR			
				SUPERVISED BY YOU:	LEAVING:			
	DESCRIPTION OF YOUR DUTIES							

B. PREVIOUS POSTS (IN REVERSE ORDER)

FROM	ТО	SALARIES PER ANNUM		EXACT TITLE OF YOUR PO	EXACT TITLE OF YOUR POST:			
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL					
NAME OF EMPL	OYER:		TYPE OF BUSINESS:	TYPE OF BUSINESS:				
ADDRESS OF EN	IPLOYER:			NAME OF SUPERVISOR:	NAME OF SUPERVISOR:			
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:			
		DESCRI	2 DUTIES					
FROM	ТО	SALARIES I	PER ANNUM	EXACT TITLE OF YOUR POST:				
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	-				
NAME OF EMPL	OYER:	I	TYPE OF BUSINESS:	YPE OF BUSINESS:				
World Meteorolog	ical Organization		Inited Nations Specialised Agency					

ADDRESS OF EN	IPLOYER:		NAME OF SUPERVISOR:				
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:		
		DESCRI	DUTIES				
FROM	ТО	SALARIES I	PER ANNUM	EXACT TITLE OF YOUR POST:			
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL				
NAME OF EMPL	OYER:			TYPE OF BUSINESS:			
ADDRESS OF EM	IPLOYER:		NAME OF SUPERVISOR:				
			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:REASON FOR LEAVING:				
		DUTIES	·				

FROM	ТО	SALARIES	PER ANNUM	EXACT TITLE OF YOUR POST:			
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL				
NAME OF EMPLO	OYER:			TYPE OF BUSINESS:			
ADDRESS OF EM	IPLOYER:			NAME OF SUPERVISOR:			
				NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:		
		DESCR	IPTION OF YOUR	DUTIES			
EMPLOY?			A PERMANENT C	IVIL SERVANT IN YOUR GOVER	NMENT'S		
II allswel is	yes, when?						
29. HAVE YOU	ANY OBJECTION	S TO OUR MAK	ING INQUIRIES O	F YOUR PRESENT EMPLOYER?			
YES 🗖	NO 🗵						
30. 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 27							
FULI	LNAME		FULL ADDRE	SS BUSINESS OR OCCUPATION			
31. STATE ANY OTHER RELEVANT FACTS. INCLUDE INFORMATION REGARDING AND RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY.							

32.	HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDA	ANT IN A
	CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF	ANY LAW (exclude
	minor traffic violations)?	
	YES 🗆 NO 🛛	ব

If "yes", give full particulars of each case in an attached statement.

33. 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 a Personal History form or other document requested by the Organization renders a staff member of the United Nations liable to termination or dismissal.

DATE:

SIGNATURE:

N. B. You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization