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| Attach recent  photograph here | | | | IMPORTANT Please answer each question completely. Type or print in dark ink. Additional (A4) pages may be attached to the form, if necessary. You may be requested to supply documentary evidence supporting the statements below. Do not attach any such documents now.  If your qualifications meet UNICC’s needs, this form will be retained in our active files for one year. Please keep us advised of any changes in contact information during this period. | | | | | | | | | | | | | | | | | | | | | **Do not write in this space** | | | | | | | | | | | | |
| ***Date received:*** | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Family name (surname) | | | | | | | First/other names | | | | | | | | | | | | Mr/Mrs/Ms/Miss | | | | | Maiden name, if any | | | | | | | | | | | Sex | | |
|  |  | | | | | | |  | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | |
|  | Date of birth | Day | | Month | | | | | | Year | | | | Place and country of birth | | | | | | | | | | | | | | | | | | Present nationality | | | | | | |
|  |  | |  | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | Has your nationality ever been changed or is it in the process of being changed or have you acquired a resident permit or are you in the process of acquiring one? | | | | | | | | No | | | | | | Yes (give details) | | | | | |  | | | | | | | | | | | | | | | | | |
|  | Marital Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Single | | Married | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Permanent Address | | | | | | | | | | | Present Address | | | | | | | | | | | | | Telephone | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | | | | | | | E-Mail  (if available) | | | | | |  | | | | | | | |
|  | Do you have a US green card or any other US resident permit? | | | | | | | | | | | No  Yes (give details) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Give names of spouse and any dependants: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name | | | | | Date of Birth | | | | | | | Relationship | | | | | | Name | | | | | | | | | Date of Birth | | | | | | Relationship | | | | |
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|  | Give details of any near relatives who are employed by UNICC or any other international organisations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name | | | | | | | | | | | | | | | | | Relationship | | | | | International Organisation | | | | | | | | | | | | | | | |
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| 3 | For what type(s) of work do you wish to be considered? | | | | | |  | | | | | | | | | | | | | | | If applying for a vacancy announcement, state ref. no. | | | | | | | |  | | | | | | | | |
|  | Check period(s) of employment you would accept | | | | | |  | | | | Fixed-term (one year or more) | | | | | | | | | | | | |  | | | Short-term (less than one year) | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | LANGUAGE KNOWLEDGE  For languages other than mother tongue, enter appropriate number from code below to indicate level of your language knowledge.  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 in mother tongue. | | | | | | | | | | | | | | | | Type an asterisk next to your mother tongue | | | | | | | | | | | | SPEAK | | | | | | READ | | WRITE |
|  | English | | | | | | | | | | | |  | | | | | |  | |  |
|  | French | | | | | | | | | | | |  | | | | | |  | |  |
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| *5* | *For Official use only* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 6 | EDUCATION Give full details in chronological order. Give the exact name of the institution and title of degrees/certificates. Exclude primary/secondary school if you have a university degree or equivalent. Include courses and/or postgraduate studies in your professional or related field. | | | | |
|  | From  Month/year | To  Month/year | Institution (name, place, country) | Certificates,  Degrees obtained | Main course of study |
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| 7 | EMPLOYMENT RECORD. | | Starting with your present or most recent post, list in reverse order all positions held. Use a separate block for each post, also including service in the armed forces and note any period during which you were not gainfully employed. Attach additional pages if necessary. If offered a position with UNICC, you will be required to provide an attestation (original or a certified copy) for each of the employment periods of the last five (5) years referred to in the Employment Record Sections below. The attestation should mention the name of the company you work(ed) for, the title of your post and the most recent annual income. You may send the attestation with this form or wait until an offer is made. | | | | |
| 7.1 | PRESENT OR MOST RECENT EMPLOYMENT | | | | | | |
|  | Period (Month/Year) | | Annual Income  (If UN system, enter Grade instead) | | Exact title of your post |  | |
|  | From | To | Starting | Most recent | Type of business |  | |
|  |  |  |  |  |
|  | 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  $   |  | | --- | |  | |  | | | Telephone and email of supervisor |
|  |  | | | |  | |  |
|  | Reason for wishing to change employment | | | | | | |
|  |  | | | | | | |
|  | Description of your duties and responsibilities: | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| 7.2 | Period (Month/Year) | | Annual Income | | Exact title of your post |  | |
|  | From | To | Starting | Most recent | Type of business |  | |
|  |  |  |  |  |
|  | 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  $   |  | | --- | |  | |  | | | Telephone and email of supervisor |
|  |  | | | |  | |  |
|  | Reason for leaving | | | | | | |
|  |  | | | | | | |
|  | Description of your duties and responsibilities: | | | | | | |
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| --- | --- | --- | --- | --- | --- |
| 7.3 | Period (Month/Year) | | Exact title of your post |  | |
|  | From | To | Type of business | Number and type of employees supervised by you, if any | |
|  |  |  |  |  | |
|  | Name and address of employer | | | Name and title of supervisor  $   |  | | --- | |  | |  | | Telephone and email of supervisor |
|  |  | | |  |  |
|  | Reason for leaving | | | | |
|  |  | | | | |
|  | Description of your duties and responsibilities: | | | | |
|  |  | | | | |
|  |  | | | | |
| 7.4 | Period (Month/Year) | | Exact title of your post |  | |
|  | From | To | Type of business | Number and type of employees supervised by you, if any | |
|  |  |  |  |  | |
|  | Name and address of employer | | | Name and title of supervisor  $   |  | | --- | |  | |  | | Telephone and email of supervisor |
|  |  | | |  |  |
|  | Reason for leaving | | | | |
|  |  | | | | |
|  | Description of your duties and responsibilities: | | | | |
|  |  | | | | |
|  |  | | | | |
| 7.5 | Period (Month/Year) | | Exact title of your post |  | |
|  | From | To | Type of business | Number and type of employees supervised by you, if any | |
|  |  |  |  |  | |
|  | Name and address of employer | | | Name and title of supervisor  $   |  | | --- | |  | |  | | Telephone and email of supervisor |
|  |  | | |  |  |
|  | Reason for leaving | | | | |
|  |  | | | | |
|  | Description of your duties and responsibilities: | | | | |
|  |  | | | | |

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| 8 | State any additional skills (particularly in the field of computing) and any relevant facts that might help to evaluate your application. |
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| 9 | If you are now holding or if you have held a fellowship, state the place, date and duration of fellowship, and by whom it was awarded. |
|  |  |
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| 10 | If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars. |
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| 11 | Can a copy of your personal history form be transmitted to: |  | Other UN Orgs. |  | National govt.  (including yours) |  | Other |
|  | 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. Employment is subject to medical examination. |  | | | | | |

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| --- | --- | --- | --- |
| 12 | 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”.* | | |
|  | Name | Full address (telephone, fax, e-mail if known) | Occupation, business, title |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 13 | Have you any objections to our making inquiries of your present employer? |  | Yes |  | No | Are you presently in Government employ? |  | Yes |  | No |

|  |  |  |
| --- | --- | --- |
| 14 | If you are offered an appointment, how soon thereafter can you report for duty? |  |

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| 15 | 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: |  |

|  |  |
| --- | --- |
|  | **Please refer to the Employment page of UNICC’s website (**[**www.unicc.org**](http://www.unicc.org)**) for details on how to apply** |