INSTRUCTIONS

(SEX)

Do Not Write in This Space

clearly and completely. Type or print in ink. Read carefully and follow all directions.			UNITED W NATIONS										
1. Family n				First name				Middle name Maid			ne, if any		
2. Date Day Mo. Yr. 3. Place o of Birth			birth	4.	4. Nationality (ies) at birth			5. Pre	5. Present nationality (ies)			6. Sex	
7. Height 8. Weight 9. Marital status:			Married [Separated Widow(er)					er) 🗌	Divo	rced]	
	onsibilities. H		any disabilit	ght require as ies which migh									
11. Permanent address				12. Pres						Office Teleph Office Fax. N mail:			
Teleph	none No.			Telepho	ne/Fax	No.							
15. Have y	ou any deper	ndents?	YES 🗆	NO 🗌	If the	e answe	r is "yes", g	ive the follow	ving infori	mation:			
	NAME		Date of Bir	th Relation	Relationship		NAME		Date of Birth		Birth	Re	lationship
If answ	ver is "yes", w	vhich co	untry? eps towards	dence status ir				at of your na	tionality?		YE.	s 🗌	NO 🗆
	y of your relat er is "yes", giv			public internati	ional o	rganizati	on?	YES		NO			
NAME					Relationship				Name of International Organization				
19. What i	s your preferr	ed field	of work?										
	you accept er							viously subm	itted an a	pplication fo	r employm	ent wit	h U.N.?
than si	x months	YES L] NO [ifs	o when?						
22. KNOW	LEDGE OF LA	ANGUAG	SES. What i	s your mother t	ongue?	?							
READ				Not		WRITE Not		SPEAK Not		UNDERSTAND Not			
OTHER	LANGUAGES		Easily	Not Easily	Е	asily	Easily	Easi	ily	Easily	Easily		Easily
	erical grades o	-	minute		1			any office ma	achines o	r equipmen	t		
				F	Ot	herla	nguage						
Typina		<u> </u>	nglish	French									

Shorthand								
24. EDUCATIONAL. Give full details - N.B. Please give exact titles of degrees in original language.								
A. UNIVERSITY OF	REQUIVALENT	Please do not tran		other degrees.				
		ATTENDE	D FROM/TO	DEGREE	S and ACADEMIC			
NAME, PLA	CE AND COUNTRY					MAIN COURSE OF STUDY		
		Mo./Year	Mo./Year	DISTINC	TIONS OBTAINED			
B. SCHOOLS OR	OTHER FORMAL TR	AINING OR EDUCATION	ON FROM AGE 1					
NAME DI	OF AND OOLINTDY		T) (DE	ATTEND	FROM/TO	CERTIFICATES OR		
NAME, PLA	CE AND COUNTRY		TYPE	NA 04	14 04	DIDLOMA COTALLED		
				Mo./Year	Mo./Year	DIPLOMAS OBTAINED		
25 LICT DDOFFEC	NONAL COCIETIES A	 ND ACTIVITIES IN CIVIO		FEDNIATIONIAL /	\			
23. LIST PROFESS	BIONAL SOCIETIES AI	ND ACTIVITIES IN CIVI	C, PUBLIC OR IN	I ERNATIONAL F	AFFAIRS			
26. LIST ANY SIGN	JIFICANT PUBLICATION	ONS YOU HAVE WRIT	TEN (do not attach)					
			(
27. EMPLOYME	NT RECORD: Startin	ng with your present	post, list in reve	rse order every	employment yo	u have had. Use a separate block for		
			, ,	,	0	Illy employed. If you need more space,		
attach addition	onal pages of the sam	ne size. Give both gros	ss and net salaries	s per annum for	your last or presei	nt post.		
A PRESENT	T POST (I AST POST	IF NOT PRESENTLY	IN EMPLOYMEN	NT)				
A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT) FROM TO SALARIES PER ANNUM EXACT TITLE OF YOUR POST:								
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL					
101011111111111111111111111111111111111								
NAME OF EMPLOY	ER:			TYPE OF BUSINESS:				
ADDRESS OF EMP		NAME OF SUPERVISOR:						
			NO. AND K	NO. AND KIND OF EMPLOYEES REASON FOR LEAVING:				
			SUPERVISED BY YOU:					
	DESCRIPTION OF YOUR DUTIES							

B. PREVIOUS POSTS (IN REVERSE ORDER)

FROM	TO		PER ANNUM	EXACT TITLE OF YOUR POST:					
TROW	FROM TO SALARIES PER ANNUM			EARCH THEE OF TOOK FOOT.					
MONTH/YEAR	MONTH/YEAR MONTH/YEAR STARTING FINAL		FINAL						
				TVP= 05 PHONESO					
NAME OF EMPLOY	ER:			TYPE OF BUSINESS:					
ADDRESS OF EMP	PLOYER:			NAME OF SUPERVISOR:					
				NO. AND KIND OF EMPLOYEES REASON FOR LEAVING:					
			ECODIDITION OF V	SUPERVISED BY YOU:					
		U	ESCRIPTION OF YO	DUR DUTIES					
FROM	ТО	SALARIES F	PER ANNIIM	EXACT TITLE OF YOUR POST:					
TROW	10	OALANIEOT	LIC AINTOW	EXACT TILE OF TOOK FOOT.					
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL						
NAME OF EMPLOY	ÆR:			TYPE OF BUSINESS:					
ADDRESS OF EMP	OVED:			NAME OF SUPERVISOR:					
ADDRESS OF EIVIP	LOTER.			WAINE OF GOT ERVIOUR.					
				NO. AND KIND OF EMPLOYEES REASON FOR LEAVING					
				SUPERVISED BY YOU:					
		D	ESCRIPTION OF YO	DUR DUTIES	·				
FROM TO SALARIES PER ANNUM			PER ANNUM	EXACT TITLE OF YOUR POST:					
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL						
NAME OF EMPLOY	'ER:			TYPE OF BUSINESS:					
4 D D D E O O E E ME	0.072		NAME OF SUPERVISOR:						
ADDRESS OF EMP	LOYER:		NAME OF SUPERVISOR:						
				NO. AND KIND OF EMPLOYEES	REASON FOR LEAVING				
			SUPERVISED BY YOU:						
		D	DUR DUTIES						

FROM	ТО	SALARIES F	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:				
MONTH/YEAR	MONTH/YEA	R STARTING	FINAL						
NAME OF EMPLOY	ER:			TYPE OF BUSINESS:					
ADDRESS OF EMP	LOYER:			NAME OF SUPERVISOR:					
				NO. AND KIND OF REASON FOR LEAVING					
				EMPLOYEES SUPERVISED BY YOU:					
		D	ESCRIPTION OF YOU	R DUTIES					
28. HAVE YOU AN	Y OBJECTIONS	TO OUR MAKING INQUIRI	IES OF YOUR PRESE	NT EMPLOYER? YES] NO 🗆				
29. ARE YOU NOW If answer is "yes"		EVER BEEN, A PERMANI	ENT CIVIL SERVANT	IN YOUR GOVERNMENT'S EM	MPLOY? YES□ NO□				
	,								
30. REFERENCES	S: List three per	sons, not related to you, w	vho are familiar with y	our character and qualification	S.				
	·			rs listed under item 27.					
FULL NA	ME		FULL ADDRESS		BUSINESS OR OCCUPATION				
31. STATE ANY OTHER RELEVANT FACTS, INCLUDING INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY									
32 HAVE YOUR EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR									
CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES NO									
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:			SICNATURE :						
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.									

This form is used by the Human Resource Management Service of the United Nations Office in Nairobi (HRMS, UNON) for applications to posts in Nairobi based Organizations, notably the United Nations Centre for Human Settlements, the United Nations Environment Programme (UNEP) and UNON itself. Please return completed form to:

Recruitment Section, Human Resources Management Service (HRMS), United Nations Office at Nairobi (UNON), United Nations Avenue, Gigiri, P.O. Box 30552, Nairobi, KENYA.

Tel: - (+254 2) 623970 Fax: - (+254 2) 624134 E-mail: recruitment@unon.org

THE APPLICATION FORM WILL BE ACKNOWLEDGED ONLY IF YOU ARE CONSIDERED FOR A SPECIFIC/ADVERTISED POST