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| La Organización | Naciones Unidas  **Personal History Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSTRUCTIONS: Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. If you need more space, attach additional pages of the same size.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Family name (surname)** | | | | | | | | | | | | **2. First names** | | | | | | | | | | | | | | | | | | | | | **3. Maiden name, if applicable** | | | | | | | | |
| **4. Date of birth**  day month year | | | | **5. Place of birth** | | | | | | | | | | | **6. Nationality at birth** | | | | | | | | **7. List all your current nationality(ies)** | | | | | | | | | | | | | | **8. Gender**  Male  Female | | | | |
| **9. Marital status** Single  Married  Separated  Widow(er)  Divorced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.** Entry into United Nations service might require assignment and travel to any area of the world in which the United Nations has responsibilities. Do you have/experience any condition/situation which might limit your prospective field of work or your ability to engage in air travel?  No  Yes  If "Yes", please describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. Permanent address** | | | | | | | | **12. Present address** if different from that indicated in box 11 | | | | | | | | | | | | | | | | | **13. Telephone numbers**  Home/Mobile;  Work; | | | | | | | | | | | | | | | | |
| Telephone No. | | | | | | | | Telephone No. | | | | | | | | | | | | | | | | | **14. Personal and/or professional e-mail address:** | | | | | | | | | | | | | | | | |
| **15.** Have you any dependents? Yes  No  If the answer is “Yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | Date of birth | | | | | | | Relationship | | | | | | | | | | Name | | | | | | | | | | Date of birth | | | | | | | | | | Relationship | |
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| **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 "Yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | **Relationship** | | | | | | | | | | | | | | | | | | **Name of Organization & Duty Station** | | | | | | | | | | | | | | |
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| **19.** **Do you have any other (extended) family members employed by UNDP?** No  Yes  If "Yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | **Relationship** | | | | | | | | | | | | | | | | | | | | **Name of Unit & Duty Station** | | | | | | | | | | | |
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| **20.** Would you accept employment for less than six months? Yes  No | | | | | | | | | | | | | | | | | | | | | **21.** Have you been interviewed for any UNDP positions in the last 12 months? If so, for which post(s)? | | | | | | | | | | | | | | | | | | | | |
| **22.** **Languages – indicate mother tongue 1st** | | Ability to operate in the listed language(s) in a work environment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Read** | | | | | | | | | | | **Write** | | | | | | | | | **Speak** | | | | | | | | | | | | | **Understand** | | | | | | |
|  | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | |
|  | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | |
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|  | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | |
| **23.** For General Service support level posts only, indicate if you have passed the following tests:  UN/ASAT – Administrative Support Assessment Test (formerly known as clerical test):  No Yes  if “Yes”, date taken:  UNDP/AFT – UNDP Accountancy and Finance Test: No  Yes  if “Yes”, date taken: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **24.** **EDUCATION**: Give full details - NB Please give exact titles of degrees in original language  Degrees claimed in the job application (even if they are not a requirement for the post) must be completed at the time of the application.  UNDP only recognizes degrees and diplomas from educational institutions that have been recognized or otherwise approved by competent authorities at the time that they were obtained. Degrees requiring little or no actual course work, degrees awarded for payment of fees only, and degrees granting substantial credits for “lifetime achievements” or “life/work experience” will normally not be recognized. Incomplete degrees are unacceptable to UNDP, regardless of whether they are associated with a recognized higher educational institution.  A. List all educational institutions attended, including secondary school, and diplomas/degrees or equivalent qualifications obtained (highest level education first). Give the exact name of the institution and the title of degrees, diplomas, etc. (Please do not translate or indicate equivalent degrees). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name, place and country** | | | | | **Attended from/to**  **Mo/Year Mo. /Year** | | | | | | | | | | | | **Degrees / Diplomas obtained** | | | | | | | | | **Main course of study** | | | | | | | | | | | | | **In person or**  **online/remote?** | | |
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| B. **Post-qualification training courses / learning activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name, place and country** | | | | | **Type** | | | | | | | | | | | | | **Attended from/to**  **Mo/Year Mo. /Year** | | | | | | | | | | | | | | **Certificates or Diplomas obtained** | | | | | | | **In person or**  **online/remote?** | | |
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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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26. List any significant publications you have written (do not attach them) or any special recognitions you have received** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **27.** Have you already been issued a UN Index Number? No  Yes  If “Yes”, please indicate this number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **28. EMPLOYMENT RECORD:** Starting with your present post, list in reverse order every employment you have had. Use a separate block for each employment. Include 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 salary per annum and **indicate currency** for your last or present post.  Are you a current or former UNV? Yes  No  If ”Yes”, please indicate roster number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PRESENT POST (Last post, if not presently employed)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN grade of your post (if applicable):  (do not indicate equivalency)  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:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Do/did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | | |
| Description of your duties and related accomplishments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PREVIOUS POSTS (In reverse order i.e. most recent post first)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | | |  | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
| Description of your duties and related accomplishments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | | |  | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
| Description of your duties and related accomplishments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | | |  | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
| Description of your duties and related accomplishments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | |  | | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
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| Description of your duties and related accomplishments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | |  | | | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
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| Month/Year | Month/Year | | | | | | Starting (gross) | | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
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| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
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| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **29.** Have you any objections to our making inquiries of:  (a) your present employer? No  Yes  (b) your previous employers? No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **30.** Are you now, or have you ever been, a national civil servant in your government?  No  Yes  If "Yes", Indicate dates of service:       Functions:       Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31.** References: list **three** persons not related to you who are familiar with your character and qualifications and who may be contacted for a reference  UNDP will not seek a reference from your *current* employer without obtaining prior consent. However, please note that UNDP may seek references from your former employers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | Full Address, including E-Mail Address and Telephone Number | | | | | | | | | | | | | | | | | | | | | Name of Organization,  Business or Occupation | | | | | | | | | |
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| **32.** State any other relevant facts in support of your application. Include information regarding any periods of residence outside the country of your nationality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **33.** 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **34.** Have you ever had disciplinary measures imposed on you, 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **35.** Have you ever been separated from service on the grounds of unsatisfactory performance?  No  Yes  If “Yes”, give full particulars of each case in an attached statement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **36.** I certify that the information I have provided in the present document is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or material omission made in this document may lead to the termination of my 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.  In connection with this application, I authorize former employers and educational institutions to release information about my background to UNDP or its agent. My signature below releases the aforesaid parties providing information about me from any liability whatsoever in collecting and disseminating the information obtained.  **DATE**:       **SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |