				OIM	C					
	INTER	NATION		GANIZA Route des Mo P.O. Box 7	rillons	OR MIG	RATIO	N		
If you are applying for a specific <b>Vacancy Notice,</b> please quote relevant position title and vacancy number:		P.O. Box 71 CH - 1211 GENEVA 19 SWITZERLAND PERSONAL HISTORY				ATTACH PHOTOGRAPH HERE				
1. A) Surname		First Name			Middle Nam	ne		Maiden Nam	e, if any	
<ul><li>B) List any other names used</li><li>A) Permanent Address</li></ul>								B)	Telephone N	0.
3. A) Present Residence (Specify C	ity, Province	or State, Cou	ntry)		B) Since (d	ate)	Until (antic	ipated date)	C) Telep	bhone No.
4. A) Place of Birth (If Swiss, canton and origin) B) Date of			Birth C) Citizenship at Birth				D) Present Citizenship			
E) Passport or Identity Card No.			Date of Issue/Date of Expiry				Place of Issue (in full)			
5. Sex (Check) Male    Fen	nale	6. Marital S Single	tatus (Chec	k) Married		Widow(er)		Divorced	S	eparated
7. Have you any depedents?		Yes		No		If answer is	"Yes" give f	following info	rmation:	
Name Age I		Relati	tionship Name Ag			Age	Relationship			
8. LANGUAGES (List mother tongue first)										
Language			READ			WRITE			SPEAK	
		Excellent	Good	Poor	Excellent	Good	Poor	Excellent	Good	Poor

school, technical school, apprenticeship, university or its equival Name and Place					Years attended		Cortificate			
				Туре		From			s, diplomas, degrees or distinctions obtained	
							110111	10		
10. A) Indicate speed in	words per m	inute (if appl	icable)				<ul> <li>B) List any equipment y</li> </ul>		s you possess	and machines and
				C	Other Langua	ges	-			
	English	French	Spanish				-			
Shorthand Typing							-			
<ol> <li>List activities in civi</li> <li>13. For what kind of wo</li> </ol>				me any sign	ificant public	ations you h	ave written.			
14. A) Are you willing	to accept a po	ost requiring	travel?							
B) Would you accept	ot short term e	employment?								
C) Would you accept	ot an emergen	cy field assig	gnment at sho	ort notice?						
15. In the event of your	being selected	d, how much	notice would	d you need b	efore appoint	ment?				
16. Have you any object	ions to our m	aking inquiri	ies of your pr	resent employ	yer?			Yes		No

17. EMPLOY	MENT REC	ORD : Starting with your present occurs	ation, list in reverse order each activity in which you have been
			d any period of unemployment of more than six months'
		ock for each period and additional sheet	
Present or mos			Description of duties and responsibilities
Dates Annual emoluments:			
From To (month/year) (month/year)		Salary	
		Allowances	
		Total	
Business or or	ganization (n	ame and address, including city)	
Title of your p occupation	ost or	Name of Supervisor	
Number and k	ind of employ	yees supervised by you	
Personal addre	ess during thi	s period	
Reason for lea	ving		
Dat		Total annual emoluments:	Description of duties and responsibilities
From (month/year)	To (month/year)		
Business or or	ganization (n	ame and address, including city)	
Title of your post or occupation		Name of Supervisor	
Number and k	ind of employ	yees supervised by you	
Personal addre	ess during thi	s period	
Reason for lea	ving		
Dat	es	Total annual emoluments:	Description of duties and responsibilities
From (month/year)	To (month/year)		
Business or organization (name and address, including city)			
Title of your post or Nator Nation		Name of Supervisor	
Number and kind of employees supervised by you			
Personal addre	ess during thi	s period	
Reason for lea	ving		

18.	References: List three	persons not related t	o you who are f	amiliar with	your character	and qualifications.	Do not repeat
nam	nes of supervisors listed	d under Item 17.					

Name in full	Complete Address (Telephone No. if known)	Business or Occupation					

19. (a) Have you ever been arrested, indicted or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned or placed on probation in connection with such a proceeding, or have you ever been arrested or required to deposit bail or collateral for the violation of any law or regulation, civil or military (excluding traffic violations)?

Answer "Yes" or "No"

(b) If your answer is "Yes" under item 19 (a) above, attach separate sheet giving details of all arrests and fines other than minor traffic violations. Specify charge, date, place where arrested, and disposition.

20. State any other relevant facts. Include information regarding any residence or prolonged travel abroad, give dates, areas, purpose, etc. State any significant experience not included in Section 17 which you believe will serve in the evaluation of your record.

21. State any disabilities which might limit the performance of your work. (Appointment is subject to compliance with medical requirements.)

**Having answered every question above,** I, the undersigned, declare that the information contained in this form is, to the best of my knowledge, true, complete and accurate, knowing that, if employed, any false declaration or concealment of material facts may result in disciplinary action including dismissal.

Place and Date

Signature

## PLEASE NOTE

Applications will not, as a general rule, be valid or retained by the Organization for more than one year from date of receipt. While you may rest assured that your candidature will be carefully examined, receipt of this form will not be acknowledged, and any further correspondence will be initiated by the Organization.