



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 might have responsibilities. Have you 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

Telephone No.

12. Present address if different from that indicated in box 11.

Telephone No.

13. Office Telephone number

Home/Mobile;
Work;

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 answer is "yes", give the following information:

| Name | Relationship | Name of Organization |
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19. Do you have any other (extended) family members in UNDP? No ☐ Yes ☐ if answer is "yes", give the following information:

| Name | Relationship |
|------|--------------|
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| 20. Would you accept employment for less than six months? Yes <input type="checkbox"/> No <input type="checkbox"/> | 21. Have you been interviewed for any UNDP positions in the last 12 months? If so, for which post(s)? |
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| 22. Languages - mother tongue 1st | Ability to operate in the listed language(s) in a work environment | | | |
| | Read | Write | Speak | Understand |
| | <input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient | <input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient | <input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient | <input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient |
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23. For support General Service level posts only, indicate if you passed the following tests:

 ASAT – Administrative Support Assessment Test (formerly known as clerical test): No ☐ Yes ☐ if “Yes”, date taken

 UN Accounting Assistant Exam : No ☐ Yes ☐ No ☐ Yes ☐ if “Yes”, date taken

24. EDUCATION: Give full details - NB Please give exact titles of degrees in original language

 A. List all institutions of learning attended since age 14 and diplomas/degrees or equivalent qualifications obtained (highest education first). Give the exact name of institution and title of degrees, diplomas, etc. (Please do not translate or equate to other degrees.)

| Name, place and country | Attended From/To Mo/Year Mo. /Year | Certificates, diplomas or degrees and academic distinctions obtained | Main course of study |
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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 |
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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 recognition | | | | |
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| 27. EMPLOYMENT RECORD: Starting with your present post, list in reverse order every employment you have had. Use a separate block for each employment. 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. Provide gross and indicate denomination salary per annum for your last or present post. | | | | |
| Have you already been issued a UN Index Number? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please indicate this number: | | | | |
| Are you a current or former UNV? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate roster number: | | | | |
| A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT) | | | | |
| FROM | TO | SALARIES PER ANNUM | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract: UN Grade of your post (if applicable): 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: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%) |
| | | | | Type of contract: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 100 Series <input type="checkbox"/> Permanent <input type="checkbox"/> FTA <input type="checkbox"/> SC </div> <div> <input type="checkbox"/> 200 series <input type="checkbox"/> Indefinite <input type="checkbox"/> TA <input type="checkbox"/> UNV </div> <div> <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Continuing <input type="checkbox"/> SSA <input type="checkbox"/> Other </div> </div> |

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|--|--|------------|--|--|--|--|---------------------|
| ADDRESS OF EMPLOYER | | | | NAME OF SUPERVISOR: Email Add. and/or Telephone No. Of Supervisor: | | | |
| | | | | Number of Professional Staff Supervised: Number of Support Staff Supervised: | | | Reason for leaving: |
| DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS | | | | | | | |
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| B. PREVIOUS POSTS (IN REVERSE ORDER - I.E. MOST RECENT POSTS FIRST) | | | | | | | |
| FROM | | TO | | SALARIES PER ANNUM | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract: UN Grade of your post (if applicable): 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: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%) | | | |
| | | | | Type of contract: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 100 Series <input type="checkbox"/> Permanent <input type="checkbox"/> FTA <input type="checkbox"/> SC </div> <div style="width: 30%;"> <input type="checkbox"/> 200 series <input type="checkbox"/> Indefinite <input type="checkbox"/> TA <input type="checkbox"/> UNV </div> <div style="width: 30%;"> <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Continuing <input type="checkbox"/> SSA <input type="checkbox"/> Other </div> </div> | | | |
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| Month/Year | | Month/Year | | Starting (gross) Final (gross) | | | |
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| | | | | EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%) | | | |
| | | | | Type of contract: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 100 Series <input type="checkbox"/> Permanent <input type="checkbox"/> FTA <input type="checkbox"/> SC </div> <div style="width: 30%;"> <input type="checkbox"/> 200 series <input type="checkbox"/> Indefinite <input type="checkbox"/> TA <input type="checkbox"/> UNV </div> <div style="width: 30%;"> <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Continuing <input type="checkbox"/> SSA <input type="checkbox"/> Other </div> </div> | | | |
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| ADDRESS OF EMPLOYER | | | | NAME OF SUPERVISOR: Email Add. and/or Telephone No. of Supervisor: | | |
| | | | | Number of Professional Staff Supervised: Number of Support Staff Supervised: | | Reason for leaving: |
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| Month/Year | Month/Year | Starting (gross) | Final (gross) | | | |
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| | | | | Type of contract: | | |
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| ADDRESS OF EMPLOYER | | | | NAME OF SUPERVISOR: Email Add. and/or Telephone No. of Supervisor: | | |
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| | | | | Type of contract: | | |
| | | | | <input type="checkbox"/> 100 Series <input type="checkbox"/> Permanent <input type="checkbox"/> FTA <input type="checkbox"/> SC | <input type="checkbox"/> 200 series <input type="checkbox"/> Indefinite <input type="checkbox"/> TA <input type="checkbox"/> UNV | <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Continuing <input type="checkbox"/> SSA <input type="checkbox"/> Other |
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| | | | | Number of Professional Staff Supervised: | Reason for leaving: |
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| | | | | EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%) | |
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|--|---|--|--------------------------|--|--|--|---|
| NAME OF EMPLOYER | TYPE OF BUSINESS: | | | | | | |
| | EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%) | | | | | | |
| | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding: 5px;">Type of contract:</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 5px;"></td> <td style="width: 33%; border-bottom: 1px solid black; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> 100 Series <input type="checkbox"/> Permanent <input type="checkbox"/> FTA <input type="checkbox"/> SC </td> <td style="padding: 5px;"> <input type="checkbox"/> 200 series <input type="checkbox"/> Indefinite <input type="checkbox"/> TA <input type="checkbox"/> UNV </td> <td style="padding: 5px;"> <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Continuing <input type="checkbox"/> SSA <input type="checkbox"/> Other </td> </tr> </table> | | Type of contract: | | | <input type="checkbox"/> 100 Series <input type="checkbox"/> Permanent <input type="checkbox"/> FTA <input type="checkbox"/> SC | <input type="checkbox"/> 200 series <input type="checkbox"/> Indefinite <input type="checkbox"/> TA <input type="checkbox"/> UNV |
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|---------------------|---|---------------------|
| ADDRESS OF EMPLOYER | NAME OF SUPERVISOR: Email Add. and/or Telephone No. of Supervisor: | |
| | Number of Professional Staff Supervised: Number of Support Staff Supervised: | Reason for leaving: |

DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS

28. Have you any objections to our making inquiries of: (a) your present employer? No ☐ Yes ☐ ;
 (b) previous employers? No ☐ Yes ☐

29. Are you now, or have you ever been, a permanent civil servant employee in your government?
 No ☐ Yes ☐ If answer is "yes", WHEN?

30. References: list **three** persons not related to you who are familiar with your character and qualifications and who may be contacted for a reference. (Please do not repeat names entered as current or former supervisor)

| FULL NAME | FULL ADDRESS, including E-MAIL ADDRESS and TELEPHONE NUMBER | BUSINESS OR OCCUPATION |
|-----------|---|------------------------|
| | | |
| | | |
| | | |

31. State any other relevant facts in support of your application. Include information regarding any residence outside the country of your nationality

32. 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

33. Have you ever been imposed disciplinary measures, 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

34. Have you ever been separated from service on the ground of unsatisfactory performance?
 No ☐ Yes ☐ If "Yes" give full particulars of each case in an attached statement

35. 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 the UNDP Personal History Form may lead to the termination of the 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.

DATE:

SIGNATURE: _____

Note: You may be requested to provide documentary evidence of the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the originals of any references, testimonials or certificates of academic achievement unless they have been obtained for the sole use of UNDP.