



**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)** MKABETA      **2. First names** TAPIWA      **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**  
 27 09 1982      CHIPINGE      ZIM      ZIM      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**  
 UNIT 11, GOLFERS INN  
 COUNTRY CLUB  
 WINDHOEK  
 Telephone No. 0813897022

**12. Present address** if different from that indicated in box 11  
 Telephone No.

**13. Telephone numbers**  
 Home/Mobile; 0813897022  
 Work; 061 240224

**14. Personal and/or professional e-mail address:** tapiwa@webit.com.na

**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
VALERY MKABETA	22-09-89	WIFE			
RUKUDZO MKABETA	19-03-13	SON			
UJAMA MKABETA	20-10-15	SON			
UJANDJA MKABETA	20-10-15	DAUGHTER			

**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)? NAMIBIA

**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

**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

<b>20. Would you accept employment for less than six months?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>21. Have you been interviewed for any UNDP positions in the last 12 months? If so, for which post(s)? NO</b>
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22. Languages – indicate mother tongue 1 <sup>st</sup>	Ability to operate in the listed language(s) in a work environment			
	Read	Write	Speak	Understand
ENGLISH	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input checked="" type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input checked="" type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input checked="" type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input checked="" type="checkbox"/> proficient
AFRIKAANS	<input type="checkbox"/> none <input checked="" type="checkbox"/> limited <input checked="" type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input checked="" type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input checked="" type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input checked="" type="checkbox"/> working knowledge <input type="checkbox"/> proficient
PORTUGUESE	<input type="checkbox"/> none <input checked="" type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input checked="" type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input checked="" type="checkbox"/> limited <input checked="" type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input checked="" 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	<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	<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	<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	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> 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: N/A

UNDP/AFT – UNDP Accountancy and Finance Test: No  Yes  if “Yes”, date taken: N/A

**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		Degrees / Diplomas obtained	Main course of study	In person or online/remote?
	Mo/Year	Mo. /Year			
UNAM, NAMIBIA	02-2004	11-2007	B.A MEDIA & COMMUNICATION	MEDIA, INDUSTRIAL PSYCHOLOGY	IN PERSON
NIIT, ZIMBABWE	01-1999	11-2001	PROFESSIONAL DIP. NETWRK COMPUTING	SOFTWARE ENGINEERING	IN PERSON

NIIT, ZIMBABWE	12-2000	16-2000	DATABASE APPLICATION DEVELOPER	SQL SERVER	IN PERSON

**B. Post-qualification training courses / learning activities**

Name, place and country	Type	Attended from/to		Certificates or Diplomas obtained	In person or online/remote?
		Mo/Year	Mo. /Year		

**C. UN Language Proficiency Exams (if any)**

UCT, CAPE TOWN	IELTS	12-2009	12-2009	CERTIFICATION

**D. UNDP Certification Programmes (if any)**


**25. List membership of professional societies and activities in civic, public or international affairs**


**26. List any significant publications you have written (do not attach them) or any special recognitions you have received**


27. Have you already been issued a UN Index Number? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If "Yes", please indicate this number:				
28. <b>EMPLOYMENT RECORD:</b> 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 <b>indicate currency</b> for your last or present post.				
Are you a current or former UNV? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "Yes", please indicate roster number:				
<b>A. PRESENT POST (Last post, if not presently employed)</b>				
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 05-2011	Month/Year TO DATE	Starting (gross) 19800.00	Final (gross) 46900.00	
NAME OF EMPLOYER: WEBIT DIGITAL SOLUTIONS		TYPE OF BUSINESS: INFORMATION TECHNOLOGY		
		EMPLOYMENT TYPE: Full time: <input checked="" type="checkbox"/> Part Time: <input type="checkbox"/> (      %)		
		<b>Type of contract:</b> <input type="checkbox"/> 100 Series <input type="checkbox"/> 200 series <input type="checkbox"/> ALD/300 series <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Indefinite <input type="checkbox"/> Continuing <input type="checkbox"/> FTA <input type="checkbox"/> TA <input type="checkbox"/> SSA / IC <input type="checkbox"/> SC <input type="checkbox"/> UNV <input type="checkbox"/> Other		
ADDRESS OF EMPLOYER 20 BEETHOVEN STREET, WINDHOEK WEST WINDHOEK NAMIBIA		NAME OF SUPERVISOR: N/A E-mail Address and Telephone No. of Supervisor:		
		Do/did you supervise staff? If so: Number of professional staff supervised: 3 Number of support staff supervised: 2		
Description of your duties and related accomplishments: I AM THE MANAGING DIRECTOR OF WEBIT DIGITAL SOLUTIONS, AND HAVE RUN THE ORGANISATION SINCE 2011. TO DATE I HAVE COMPLETED NUMEROUS PROJECTS WITH A HARDWORKING SUPPORT STAFF. WEBIT IS ONE OF ONLY 12 OFFICIALLY REGISTERED .NA RESELLERS FOR HOSTING.				
Reason for leaving:				
<b>B. PREVIOUS POSTS (In reverse order i.e. most recent post first)</b>				
FROM	TO	SALARIES PER ANNUM		FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract: SCHOOL ADMINISTRATOR UN Grade of your post (if applicable): (do not indicate equivalency) Last UN step in your post (if applicable):
Month/Year 02/2007	Month/Year 04/2010		Final (gross) N\$8 300	
NAME OF EMPLOYER HIGHLANDS CHRISTIAN SCHOOL		TYPE OF BUSINESS: PRIMARY & SECONDARY SCHOOL		
		EMPLOYMENT TYPE: Full time: <input checked="" type="checkbox"/> Part Time: <input type="checkbox"/> (      %)		

				<b>Type of contract:</b>		
				<input type="checkbox"/> 100 Series	<input type="checkbox"/> 200 series	<input type="checkbox"/> ALD/300 series
				<input checked="" type="checkbox"/> Permanent	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Continuing
				<input type="checkbox"/> FTA	<input type="checkbox"/> TA	<input type="checkbox"/> SSA / IC
				<input type="checkbox"/> SC	<input type="checkbox"/> UNV	<input type="checkbox"/> Other
ADDRESS OF EMPLOYER 124 KINGFISHER STREET HOCHLAND PARK WINDHOEK NAMIBIA				NAME OF SUPERVISOR: MRS MARINDA HENCKERT E-mail Address and Telephone No. of Supervisor: principal@hcs.edu.na		
				Did you supervise staff? If so: Number of professional staff supervised: none Number of support staff supervised: none		
Description of your duties and related accomplishments: I was in charge of running the school administration inclusive of the accounting, payroll and annual budget for the school.						
Reason for leaving: New opportunity arose						
<b>FROM</b>		<b>TO</b>		<b>SALARIES PER ANNUM</b>		<b>FUNCTIONAL TITLE:</b> 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: <input type="checkbox"/> Part Time: <input type="checkbox"/> (      %)		
				<b>Type of contract:</b>		
				<input type="checkbox"/> 100 Series	<input type="checkbox"/> 200 series	<input type="checkbox"/> ALD/300 series
				<input type="checkbox"/> Permanent	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Continuing
				<input type="checkbox"/> FTA	<input type="checkbox"/> TA	<input type="checkbox"/> SSA / IC
				<input type="checkbox"/> SC	<input type="checkbox"/> UNV	<input type="checkbox"/> 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:						
<b>FROM</b>		<b>TO</b>		<b>SALARIES PER ANNUM</b>		<b>FUNCTIONAL TITLE:</b> 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: <input type="checkbox"/> Part Time: <input type="checkbox"/> (      %)		

				<b>Type of contract:</b>		
				<input type="checkbox"/> 100 Series	<input type="checkbox"/> 200 series	<input type="checkbox"/> ALD/300 series
				<input type="checkbox"/> Permanent	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Continuing
				<input type="checkbox"/> FTA	<input type="checkbox"/> TA	<input type="checkbox"/> SSA / IC
				<input type="checkbox"/> SC	<input type="checkbox"/> UNV	<input type="checkbox"/> 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		
Month/Year	Month/Year		Final (gross)	Appointment/Contract:		
				UN Grade of your post (if applicable):		
				(do not indicate equivalency)		
				Last UN step in your post (if applicable):		
NAME OF EMPLOYER				TYPE OF BUSINESS:		
				EMPLOYMENT TYPE:		
				Full time: <input type="checkbox"/>		
				Part Time: <input type="checkbox"/> (      %)		
				<b>Type of contract:</b>		
				<input type="checkbox"/> 100 Series	<input type="checkbox"/> 200 series	<input type="checkbox"/> ALD/300 series
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				<input type="checkbox"/> FTA	<input type="checkbox"/> TA	<input type="checkbox"/> SSA / IC
				<input type="checkbox"/> SC	<input type="checkbox"/> UNV	<input type="checkbox"/> 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		
Month/Year	Month/Year		Final (gross)	Appointment/Contract:		
				UN Grade of your post (if applicable):		
				(do not indicate equivalency)		
				Last UN step in your post (if applicable):		
NAME OF EMPLOYER				TYPE OF BUSINESS:		
				EMPLOYMENT TYPE:		
				Full time: <input type="checkbox"/>		
				Part Time: <input type="checkbox"/> (      %)		

				<b>Type of contract:</b>		
				<input type="checkbox"/> 100 Series	<input type="checkbox"/> 200 series	<input type="checkbox"/> ALD/300 series
				<input type="checkbox"/> Permanent	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Continuing
				<input type="checkbox"/> FTA	<input type="checkbox"/> TA	<input type="checkbox"/> SSA / IC
				<input type="checkbox"/> SC	<input type="checkbox"/> UNV	<input type="checkbox"/> 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		
Month/Year	Month/Year		Final (gross)	Appointment/Contract:		
				UN Grade of your post (if applicable):		
				(do not indicate equivalency)		
				Last UN step in your post (if applicable):		
NAME OF EMPLOYER				TYPE OF BUSINESS:		
				EMPLOYMENT TYPE:		
				Full time: <input type="checkbox"/>		
				Part Time: <input type="checkbox"/> (      %)		
				<b>Type of contract:</b>		
				<input type="checkbox"/> 100 Series	<input type="checkbox"/> 200 series	<input type="checkbox"/> ALD/300 series
				<input type="checkbox"/> Permanent	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Continuing
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				<input type="checkbox"/> SC	<input type="checkbox"/> UNV	<input type="checkbox"/> Other
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR:		
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				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		
Month/Year	Month/Year	Starting (gross)	Final (gross)	Appointment/Contract:		
				UN Grade of your post (if applicable):		
				(do not indicate equivalency)		
				Last UN step in your post (if applicable):		
NAME OF EMPLOYER				TYPE OF BUSINESS:		
				EMPLOYMENT TYPE:		
				Full time: <input type="checkbox"/>		
				Part Time: <input type="checkbox"/> (      %)		
				<b>Type of contract:</b>		
				<input type="checkbox"/> 100 Series	<input type="checkbox"/> 200 series	<input type="checkbox"/> ALD/300 series
				<input type="checkbox"/> Permanent	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Continuing
				<input type="checkbox"/> FTA	<input type="checkbox"/> TA	<input type="checkbox"/> SSA / IC
				<input type="checkbox"/> SC	<input type="checkbox"/> UNV	<input type="checkbox"/> 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	Starting (gross)	Final (gross)		
NAME OF EMPLOYER				TYPE OF BUSINESS:	
				EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (      %)	
				<b>Type of contract:</b> <input type="checkbox"/> 100 Series <input type="checkbox"/> 200 series <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Permanent <input type="checkbox"/> Indefinite <input type="checkbox"/> Continuing <input type="checkbox"/> FTA <input type="checkbox"/> TA <input type="checkbox"/> SSA / IC <input type="checkbox"/> SC <input type="checkbox"/> UNV <input type="checkbox"/> 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	Starting (gross)	Final (gross)		
NAME OF EMPLOYER				TYPE OF BUSINESS:	
				EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (      %)	
				<b>Type of contract:</b> <input type="checkbox"/> 100 Series <input type="checkbox"/> 200 series <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Permanent <input type="checkbox"/> Indefinite <input type="checkbox"/> Continuing <input type="checkbox"/> FTA <input type="checkbox"/> TA <input type="checkbox"/> SSA / IC <input type="checkbox"/> SC <input type="checkbox"/> UNV <input type="checkbox"/> 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:

**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
DR PAUL MOMBESHORA	FLAME LILLY PRACTICE, BAINES CENTRE. CELL:081 228 2200. info@flamelilly.cc	FLAME LILLY MEDICAL PRACTISE
MR. SACKARIA NIKODEMUS	TRE EXECUTIVE SUITES CELL: 081 257 5740	TRUELEAD TRAINING INSTITUTE
MR. ZAA NASHANDI	ATTORNEY GENERAL OFFICE TEL: 061 285 8467	PUBLIC ACCOUNTANTS & AUDITORS BOARD

**32.** State any other relevant facts in support of your application. Include information regarding any periods of residence outside the country of your nationality I HAVE BEEN A RESIDENT IN NAMIBIA FOR OVER 14 YEARS & AND HAVE GROWN A LOVE FOR NAMIBIA, ITS PEOPLE & CULTURE.

**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:** 15-08-2018 **SIGNATURE:** \_\_\_\_\_

**Note:**

Applications for employment at UNDP must include a completed and signed Personal History form (P.11). By submitting a Personal History form, the applicant authorizes UNDP or its agent to verify and validate all information provided in the P.11. The P.11 form is not valid without signature. The signed P.11 form serves to release any party cited in the form from any liability whatsoever for releasing information to UNDP or its agent.

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.

If Degrees/Certificates are in foreign language, you may be required to provide official English translation at time of request.