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**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

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

Name	Relationship

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 - mother tongue**  
1<sup>st</sup>

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
	<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
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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		Certificates, diplomas or degrees and academic distinctions obtained	Main course of study
	Mo/Year	Mo. /Year		

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

Name, place and country	Type	Attended From/To		Certificates or Diplomas obtained
		Mo/Year	Mo. /Year	

**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**


**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  Yes  If yes, please indicate this number:

Are you a current or former UNV? Yes  No  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"/> (      %)		
<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	
<input type="checkbox"/> SC	<input type="checkbox"/> UNV	<input type="checkbox"/> Other	

ADDRESS OF EMPLOYER	NAME OF SUPERVISOR:	
	Email Add. and/or Telephone No. Of Supervisor:	
	Number of Professional Staff Supervised:	Reason for leaving:
	Number of Support Staff Supervised:	

**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		Final (gross)	

NAME OF EMPLOYER	TYPE OF BUSINESS:																		
	EMPLOYMENT TYPE: Full time: <input type="checkbox"/>  Part Time: <input type="checkbox"/> (      %)																		
	<table border="1" style="width: 100%;"> <tr> <td colspan="3"><b>Type of contract:</b></td> </tr> <tr> <td><input type="checkbox"/> 100 Series</td> <td><input type="checkbox"/> 200 series</td> <td><input type="checkbox"/> ALD/300 series</td> </tr> <tr> <td><input type="checkbox"/> Permanent</td> <td><input type="checkbox"/> Indefinite</td> <td><input type="checkbox"/> Continuing</td> </tr> <tr> <td><input type="checkbox"/> FTA</td> <td><input type="checkbox"/> TA</td> <td><input type="checkbox"/> SSA</td> </tr> <tr> <td><input type="checkbox"/> SC</td> <td><input type="checkbox"/> UNV</td> <td></td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Other</td> </tr> </table>	<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	<input type="checkbox"/> SC	<input type="checkbox"/> UNV				<input type="checkbox"/> Other
<b>Type of contract:</b>																			
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<input type="checkbox"/> SC	<input type="checkbox"/> UNV																		
		<input type="checkbox"/> Other																	

ADDRESS OF EMPLOYER	NAME OF SUPERVISOR:								
	Email Add. and/or Telephone No. of Supervisor:								
	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Number of Professional Staff</td> <td style="width: 30%;">Reason for</td> </tr> <tr> <td>Supervised:</td> <td>leaving:</td> </tr> <tr> <td>Number of Support Staff</td> <td></td> </tr> <tr> <td>Supervised:</td> <td></td> </tr> </table>	Number of Professional Staff	Reason for	Supervised:	leaving:	Number of Support Staff		Supervised:	
Number of Professional Staff	Reason for								
Supervised:	leaving:								
Number of Support Staff									
Supervised:									

**DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS**

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Month/Year	Month/Year		Final (gross)	

NAME OF EMPLOYER	TYPE OF BUSINESS:
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				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"/> 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	
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR:			
				Email Add. and/or Telephone No. of Supervisor:			
				Number of Professional Staff		Reason for	
				Supervised:		leaving:	
				Number of Support Staff			
				Supervised:			
DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS							
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		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 <input type="checkbox"/> SC <input type="checkbox"/> UNV  <input type="checkbox"/> Other	
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR:	
				Email Add. and/or Telephone No. of Supervisor:	
				Number of Professional Staff Supervised:	Reason for leaving:
				Number of Support Staff Supervised:	
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Month/Year	Month/Year		Final (gross)		
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				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 <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		Reason for
				Supervised:	leaving:	
				Number of Support Staff		
				Supervised:		
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Month/Year	Month/Year		Final (gross)			
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				EMPLOYMENT TYPE: Full time: <input type="checkbox"/>		
				Part Time: <input type="checkbox"/> (      %)		
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				<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		
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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**DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS**

<b>FROM</b> Month/Year	<b>TO</b> Month/Year	<b>SALARIES PER ANNUM</b>  Final (gross)	<b>FUNCTIONAL TITLE:</b> As specified in your Letter of Appointment/Contract: UN Grade of your post (if applicable): Last UN step in your post (if applicable):
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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 <input type="checkbox"/> Yes <input type="checkbox"/> ; (b) previous employers? No <input type="checkbox"/> Yes <input type="checkbox"/>		
29. Are you now, or have you ever been, a permanent civil servant employee in your government? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes", WHEN?		
30. References: list <b>three</b> persons not related to you who are familiar with your character and qualifications and who may be contacted for a reference		
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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
<b>Note:</b> 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.		