

INTERNATIONAL MARITIME ORGANIZATION											
PERSONAL HISTORY											
INSTRUCTIONS: Please answer every question. Type or print in ink. If you need more space, attach additional pages of the same size. Be sure to sign and date the form. Return to: Human Resources Services, 4 Albert Embankment, London SE1 7SR, United Kingdom											
1. Surname					First Name			Middle Name		Maiden Name	
AFFIX PHOTOGRAPH HERE											
2. (A) Present Residence (Specify City, Province or State, and Country)						(B) Years of Residence					
3. Mailing Address					HOME			OFFICE			
					Tel. No:			Tel. No:			
					Fax. No:			Fax No:			
					E-Mail:			E-Mail:			
4. (A) Place of Birth			(B) Date of Birth			(C) Nationality/Citizenship		(D) Nationality/Citizenship at birth (if different)			
5. Sex (Type x)		6. Marital Status (Type x)									
Male <input type="checkbox"/> Female <input type="checkbox"/>		Single <input type="checkbox"/>		Married <input type="checkbox"/>		Widow(er) <input type="checkbox"/>		Divorced <input type="checkbox"/>		Separated <input type="checkbox"/>	
7. Have you any dependants? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "Yes" give following information:											
Name		Date of Birth	Relationship			Name		Date of Birth	Relationship		
8. Have you taken up legal residence status in any country other than that of your nationality? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "Yes", which country?				9. Have you taken any legal steps towards changing your present nationality? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "Yes", explain fully.							
10. Have you any near relatives who are employed by a public international organization? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "Yes" give following information:											
Name			Relationship			International Organization					
11. For what kinds of work do you wish to be considered? (Give Vacancy Notice number if applicable).					12. FOR SECRETARIAL/CLERICAL PURPOSES ONLY						
					Indicate speed in words per minute						
					English	French	Spanish	Other languages			
					Typing						
					Shorthand						
13. LANGUAGES (List mother-tongue first)	READ			WRITE			SPEAK				
	Ex-cel- lent	Good	Fair	Ex-cel- lent	Good	Fair	Ex-cel- lent	Good	Fair		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. FOR ALL APPLICANTS Special skills you possess and machines and equipment you can use (including knowledge of computer software applications):											

15. Would you accept employment anywhere? Yes No If answer is "No" specify reservations:

16. Are you willing to accept a post requiring travel? Yes No
 If answer is "Yes" indicate: Occasionally Frequently Constantly

17. Would you accept short-term employment? Yes No
 If answer is "Yes" indicate: 1 to 3 months 3 to 6 months 6 to 12 months

18. Have you previously submitted an application for employment with an international organization?
 If answer is "Yes" specify organization and date:

19. EDUCATION: Give full details, using the following space insofar as it is appropriate. **(PLEASE COMPLETE ALL SECTIONS)**
 (A) University or equivalent

Name and Place	Years Attended		Degrees and Academic Distinctions	Main Subjects
	From	To		

(B) Schools or other formal education or training from age 14 (e.g. high school, technical school, or apprenticeship)

Name and Place	Type	Years Attended		Certificates, Diplomas Obtained
		From	To	

20. List professional societies, and activities in civic, public or international affairs.

21. List any significant publications you have written **(DO NOT ATTACH)**

22. EMPLOYMENT RECORD: **Starting with your present or most recent post**, list in reverse order every employment during the last ten years and any significant experience not included in that period which you believe will be helpful in evaluating your record. Use a separate block for each post. Use additional sheets of paper as required. Include service in the armed forces.

ALL DETAILS TO BE COMPLETED ON THIS FORM

Dates		Salaries per annum (excl. allowances)		Exact title of your post
From	To	Starting	Final	Duty Station
				Type of Business
Name of Supervisor				Number and kind of employees supervised by you
Name of Employer				Reason for leaving, if applicable
Address of Employer				

Description of your work

Dates		Salaries per annum (excl. allowances)		Exact title of your post
From	To	Starting	Final	Duty Station
				Type of Business
Name of Supervisor				Number and kind of employees supervised by you
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				Type of Business
Name of Supervisor				Number and kind of employees supervised by you
Name of Employer				Reason for leaving

Address of Employer

Description of your work

23. Have you any objections to our making inquiries of your present employer? Yes No

24. REFERENCES: List three persons not related to you who are familiar with your character and qualifications.
Do not repeat names of supervisors listed under Item 22.

Full Name	Full Address (Telephone No. if known)	Business or Occupation

25. LEGAL CONVICTIONS (Include all convictions other than those for minor violations of road traffic regulations)

Charge	Date	Where tried	Conviction

26. State any other relevant facts. Includes information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc. Also state any disabilities which might limit your field of work. **Final appointment will be subject to a medical examination.**

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 false statements or any required information withheld from this form may provide grounds for the withdrawal of any offer of appointment or summary dismissal if an appointment has been accepted.

Date: _____ **Signature:** _____