

## ORGANISATION FOR THE PROHIBITION OF CHEMICAL WEAPONS

## **OPCW**

## **PERSONAL HISTORY FORM**

INSTRUCTIONS

Please answer each question clearly and completely.

Type or print in black ink.

	l								
1. Title (Circle one) Mr Mrs Ms Miss Dr Prof	Miss Dr Prof		First name		Mic	Middle name		K	
3. Date of Birth 4. Country &		City of birth 5. Country/countries of citizenship at birth		of 6. C	6. Current citizenship*		ssport No.		
Day Month Year		•							
8. A. Height 8. B. Weight	9. Marital stat							, [	
10 Entry into OPCW service migh		Married $\square$ Separated $\square$ Widow(er) $\square$ ment and travel to any area of the world in which the OPCW might have					rced 🗆		
responsibilities. Have you any							travel?		
	YES", please des				-				
	, produce de					1			
11. Permanent address		12. Present address ( <i>if different</i> )				13. Office Address			
T. 1		m 1 1 3	T			T. 1 . 1 . 1			
Telephone No.: Fax No.:	Telephone No.:				Telephone No.: Fax No.:				
E-mail Address:		Fax No.:	recc.			E-mail Address:			
14. Do you have any dependents?	YES $\square$		E-mail Address:  NO   If "YES", give the following in the						
1 20 you have any dependents :				120	, 5110 me 10110 W				
NAME	Date of Birt	h Re	lationship		NAME	Date of Bi	rth Re	lationship	
15. Have you taken up legal perma If "YES", which country?	anent residence	status in any	country other tha	an that of	your citizenship	? YES $\square$	NO		
16. Are any of your relatives employed by a public international organisation? YES $\square$ NO $\square$ If "YES", give the following information:									
NAME		Relationship N		Name of Intern	Name of International Organisation				
Mull					<u> </u>				
17 P 111 12 ()	1: 0								
17. For which position(s) are you applying?  Position Title(s)  Vacancy Reference(s)									
1.	1.				vacancy reference(s)				
2.			2.						
3.			3.						
18. Would you accept employment six months? YES		19. Have you previously submitted an application for employment with OPCW?  YES □ NO □ If so, when?							
20. KNOWLEDGE OF LANGUAGES A. What is your mother tongue?									
READ			AD WRITE			SPEAK		UNDERSTAND	
B. OTHER LANGUAGES Easily		Not Easily	Easily	Not Easil		Not	Easily	Not Easily	
1.	Lasity	Lasity	Lasity	Lasii	y Frucitty	, Huchtiy	Lasily	Lasity	
2.									
3.									
4.									

\*Note: Please state all citizenships you currently hold.

A. UNIVERSITY OR EQUIVALENT NAME, PLACE AND COUNTRY		ATTENDED FROM/TO			DEGREES and ACADEMIC DISTINCTIONS OBTAINED			MAIN COURSE OF STUDY	
		Mo./Year	Mo./Year						
B. SCHOOLS OR O	OTHER EDUCATION	FROM AGE 14	(e.g. high school,	vocational scl	nool or	apprenticeship	)		
NAME, PLACE AND COUNTRY		ТҮРЕ		AT	ATTENDED FROM/TO		DII	FICATES OR PLOMAS TAINED	
				Mo./Ye	ear	Mo./Year			
C. OTHER TRAINI		+		1			1		
NAME, PLACE A	AND COUNTRY		ТҮРЕ		ATTENDED FROM/TO		DII	CERTIFICATES OR DIPLOMAS OBTAINED	
				Mo./Ye	Mo./Year				
	strative/secretarial posi	itions only -		List any c	comput	er software pro	grammes you can t	use.	
indicate speed in w	vords per minute. English		Other Languages						
	Eligiisii		Office Languages						
Typing Shorthand									
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B. PREVIOUS P	OSTS				
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25. HAVE YOU ANY OBJECTIONS	TO OUR MAKING INQUIRIE	ES OF YOUR PRESE	NT EMPLOYER?	YES NO
26. DO YOU OBJECT TO RECEIVIN	IG FAXES/LETTERS FROM	OPCW AT YOUR PL	ACE OF EMPLOYMENT?	YES NO
27. ARE YOU NOW, OR HAVE YOU	J EVER BEEN, A PERMANE	NT CIVIL SERVANT	IN YOUR GOVERNMENT	Γ'S EMPLOY?
YES □ NO □	If "YES", when?			
28. REFERENCES: List three person	s, not related to you, who are fa	amiliar with your chara	acter and qualifications.	
FULL NAME	ADDF	RESS	BUSI	NESS OR OCCUPATION
	Telephone No. Fax No.			
	Telephone No. Fax No.			
	Tux No.			
	Telephone No. Fax No.			
29. STATE ANY OTHER RELEVAN YOUR CITIZENSHIP.		MATION REGARDIN	NG ANY RESIDENCE OUT	SIDE THE COUNTRY OF
TOOK CITIZENSIIII .				
30. HAVE YOU EVER BEEN ARRES	STED. INDICTED. OR SUMM	ONED INTO COUR	T AS A DEFENDANT IN A	CRIMINAL
PROCEEDING, OR CONVICTEI				
YES $\square$ NO $\square$	☐ If "YES", give full part	iculars (such as dates,	charges, results) of each cas	e in an attached statement.
21 I	i			ot of more languaged and
31. I certify that the statements made b belief. I understand that any misrep Organisation renders me liable to to	presentation or material omission	on made on a Personal	History Form or other docur	nent requested by the
NAME (print or type):		_ SIGNATUR	RE:	
	D.A.T.F.			
	DATE:			
32. Please indicate whether you have a	ny objection against the OPCW	V forwarding your app	lication to another internation	nal organisation
or OPCW Member State?	YES	NO 🗆		
33. Please do not attach educational co academic achievement.	ertificates or any other docume	ntation to this form. Sl	hort-listed candidates will be	required to produce evidence of
Only candidates under serious con	nsideration for a post will be con	ntacted.		