

Personal History Form

INSTRUCTIONS Please answer each question clearly and completely. Read carefully and follow all directions. Please tick appropriate box.						<i>Do not write in this space</i>					
1. Family name		First name		Other names		Maiden name					
2. Date of birth		3. Place of birth		4. Nationality at birth		5. Present nationality		6. Sex			
7. Marital Status:		Single <input type="checkbox"/>		Married <input type="checkbox"/>		Separated <input type="checkbox"/>		Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/>			
8. Permanent address			9. Present address			10. Permanent telephone no.					
						11. Present telephone no.					
						12. E-mail address					
13. Do you have any dependants? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If the answer is "yes", give the following information:</i>											
Name		Age		Relationship		Name		Age		Relationship	
14. Have you taken up legal permanent residence status in any country other than that of your nationality? If answer is "yes", which country? Yes <input type="checkbox"/> No <input type="checkbox"/>											
15. Have you taken any legal steps towards changing your present nationality? If answer is "yes", explain fully: Yes <input type="checkbox"/> No <input type="checkbox"/>											
16. Are any of your relatives employed by a public international organization? If answer is "yes", give the following information: Yes <input type="checkbox"/> No <input type="checkbox"/>											
Name		Relationship		Name of international organization							
17. What is your preferred field of work?											
18. Would you accept employment for less than six months? Yes <input type="checkbox"/> No <input type="checkbox"/>											
19. Have you previously submitted an application for employment with the CTBTO? If so when? If employed at present by the CTBTO, please state date employment commenced											
20. KNOWLEDGE OF LANGUAGES. What is your mother tongue?											
	Read		Write		Speak		Understand				
OTHER LANGUAGES	Easily	Not easily	Easily	Not easily	Fluently	Not fluently	Easily	Not easily			
	<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"/>		
21. For clerical grades only Indicate speed in words per minute						List any standard office software you can use/ or that you are familiar with					
		English		French		Other languages					
Typing											
Shorthand											

22. EDUCATION.		<i>N.B. Please give exact name of institution and titles of degrees in original language. Please do not translate or equate to other degrees</i>		
A. University or equivalent				
Name, place and country	Years attended		Degrees and academic distinctions	Main course of study
	from	to		
B. Schools or other formal training or education from age 14 (<i>e.g. high school, technical school or apprenticeship</i>)				
Name, place and country	Type	Years attended		Certificates or diplomas obtained
		from	to	
23. List professional societies and activities in civic, public or international affairs.				
24. List any significant publications you have written (<i>Do not attach</i>)				
25. EMPLOYMENT RECORD: Starting with your present post, list in reverse order every employment you have had. Use a separate block for each post. Include also service in the armed forces and note any period which you were not gainfully employed. If you need more space, attach additional pages of the same size.				
From (<i>month/year</i>)	To (<i>month/year</i>)	Exact title of your post		
Name of employer		Type of business		
Address and phone number of employer		Name of supervisor:		
		Number and kind of employees supervised by you	Reason for leaving	
DESCRIPTION OF YOUR DUTIES				

From (<i>month/year</i>)	To (<i>month/year</i>)	Exact title of your post	
Name of employer		Type of business	
Address and phone number of employer		Name of supervisor:	
		Number and kind of employees supervised by you	Reason for leaving
DESCRIPTION OF YOUR DUTIES			
From (<i>month/year</i>)	To (<i>month/year</i>)	Exact title of your post	
Name of employer		Type of business	
Address and phone number of employer		Name of supervisor:	
		Number and kind of employees supervised by you	Reason for leaving
DESCRIPTION OF YOUR DUTIES			
From (<i>month/year</i>)	To (<i>month/year</i>)	Exact title of your post	
Name of employer		Type of business	
Address and phone number of employer:		Name of supervisor:	
		Number and kind of employees supervised by you	Reason for leaving
DESCRIPTION OF YOUR DUTIES			
From (<i>month/year</i>)	To (<i>month/year</i>)	Exact title of your post	
Name of employer		Type of business	
Address and phone number of employer		Name of supervisor:	
		Number and kind of employees supervised by you	Reason for leaving
DESCRIPTION OF YOUR DUTIES			

26. Have you any objections to our making inquiries of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
27. Are you now, or have you ever been, a permanent civil servant in your government's employ? If answer is "yes", when? Yes <input type="checkbox"/> No <input type="checkbox"/>		
28. 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 25.		
FULL NAMES	FULL ADDRESS AND PHONE NUMBER	BUSINESS OR OCCUPATION
29. State any other relevant facts. Include information regarding any residence outside the country of your nationality.		
30. Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "yes", give full particulars of each case in an attached statement.		

By submission of this application 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 a Personal History Form or other document requested by the CTBTO renders a staff member of the CTBTO liable to termination or dismissal.

Signature: (Not required for electronic submission)

(Date)

N.B.

You will be requested to supply documentary evidence that supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the organization.