INTER-PARLIAMENTARY UNION



PERSONAL HISTORY

Attach a recent photo of yourself

Please answer each question clearly and completely. $\frac{\text{Type or print in ink.}}{\text{Read carefully and follow all directions.}}$

1. Family name First name Other names												
2. Date of birth (D/M/Y) 3. Country			y of birth			4. Nation	4. Nationality/ies at birth			5. Present natio	nality/ies	
6. Sex M	7. Ma	rital status: Single				gally separate	ly separated Divorced Widow(er)					
8. Permanent address:			9. Pre	9. Present address:				10. Telephone no. during working hours:				
Telephone:			Telep	Telephone:								
E-mail:												
11. Do you have any dependants?	Yes 🗌	No \square	If "yes", give the following information:									
									A			
Name		Age	Age Relationship			Name		Age		Relationship		
12. Vacancy Notice applied for:												
13. Would you accept employment for less than six months? Yes No				14. Have you previously submitted an application for employment with the IPU? If so, when?								
15. Indicate the name of any relatives working in the IPU or other international organizations:												
Name: Organization: Relationship:												
16. KNOWLEDGE OF LANGUAGES. Indicate your first language; if not the same, indicate also mother tongue:												
OIL I	Read			Write			Spe			Understand		
Other languages	Easily	Not	easily	Easily	- 1	Not easily	Fluently	Not flue	ently	Easily	Not easily	
			<u></u>									
Please re	turn complet						amentary Union, mail: postbox@i			mmier, P.O.Box	330,	

17. EDUCATION N.B. Please g equate to other degrees. Exclude						age starting with the malent.	ost recent. Please do	not translate or
Institution Name, place and country		Years attended				es, diplomas, degrees a		Main area of study
	•	From	T	0				·
18. List any significant publication	ns you have written	(do not attach):					l
19. EMPLOYMENT RECORD.	Starting wi	ith your pr	osont	nost li	ist in revers	e order every er	nnlovment vou h	ave had. Use a separate
	clude also servic	e in the arr	med foi	rces and	note any pe	riod during which	you were not gair	ifully employed. If you need
From Month/Year	To Month/Year	Starting		er annum	n Final	Exact title of your pos	t:	
Name of employer:					activity:			
Address and telephone of employ	yer:			Name o	f supervisor:			
DECCRIPTION	ON OF YOUR BUTTE	<u> </u>		Number and kind of employees Reason for leaving: supervised by you:				
DESCRIPTION OF YOUR DUTIES								
From Month/Year	To Month/Year	Starting		er annum	n Final	Exact title of your pos	st:	
Name of employer:				Type of activity:				
Address and telephone of employer:				Name of supervisor:				
				Number and kind of employees Reason for leaving:				

DESCRIPTI	ON OF YOUR DUTIES	5	supervised by you:						
From	To Salary per annum Exact title of your post:								
Month/Year	Month/Year	Starting	Final						
			_						
Name of employer:			Type of activity:						
Address and telephone of emplo	yer:		Name of supervisor:						
			Number and kind of em	ployees	Reason for leaving:				
			supervised by you:						
DESCRIPTI	ON OF YOUR DUTIES	5							
	_								
_									
From Month/Year	To Month/Year	Salary p Starting	per annum Final	er annum Exact title of your post:					
	,	2.22							
Name of employer:			Type of activity:						
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Address and telephone of emplo	over:		Name of supervisor:						
	•								
			Number and kind of em supervised by you:	Reason for leaving:					
DESCRIPTI	ON OF YOUR DUTIES	5	supervised by you.						
From	То		per annum	Exact title of your pos	t:				
Month/Year	Month/Year	Starting	Final						
Name of employer:			Type of activity:						
			[,						
Address and telephone of emplo	yer:		Name of supervisor:						
Number and kind of employees Reason for leaving:									
			supervised by you:						
DESCRIPTION OF YOUR DUTIES									
20. Do you have any objections to our making inquiries of your present employer? Yes No									
20. Do you have any objections to our making inquiries or your present employer?									

21. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications. Do <u>not</u> repeat names of supervisors listed under item 19.							
	FULL NAME	FULL ADDRESS	OCCUPATION				
	TOLENAVIL	TOLE ADDINESS	OCCUPATION				
22. State any other relevant facts, including membership in professional societies.							
23. Appointment is subject to a satisfactory medical examination. and might entail travel to any area of the world. Do you have any disabilities which might limit your work or your ability to engage in air travel?							
No Yes Explain:							
24. Have you ever been arrested, indicted, or summoned into a court as a defendant in a criminal proceeding, or 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.							
25. How did you hear about the Inter-Parliamentary Union and this post?							
26. 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 misrepresentations or material omission made on a Personal History form or other document requested by the IPU renders a staff member of the IPU liable to dismissal.							
Date:	Date: Signature:						
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N.B. You will be requested to supply documentary evidence which 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.