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| **CENTRE ON INTEGRATED RURAL DEVELOPMENT FOR ASIA AND THE PACIFIC**  **CIRDAP**  **P E R S O N A L H I S T O R Y APPLICATION FOR EMPLOYMENT** | | | | | | | | | | C A N D I D A T E T O  AFFIX PHOTOGRAPH HERE | |
| INSTRUCTIONS: Please answer each question **clearly and completely**. **Type or print in ink**. Read carefully and follow all directions. If you need more space, attach additional pages of the same size. Be sure to sign and date the form. | | | | | | | | | |
| 1. Family Name First Name Middle Name Maiden Name | | | | | | | | | |
| 2. (A) Present Resident (Specify City Province or State, and Country) | | | | | | ( B) Length of Present  Residence | | | |
| 3. Mailing Address | | | | | | | | | | Telephone Number | |
| 4. (A) Place of Birth | (B) Date of Birth **(*Day, Month, Year*)** | | | | | | (C) Citizenship at Birth | | | (D) Present Citizenship | |
| 5. Sex  □ Male □ Female | 6. Marital Status (Check)  □ Single □ Married □ Widow (er) □ Divorced □ Separated | | | | | | | | | | |
| 7. Have you any dependents? □ Yes □ No If answer is “Yes” give the following Information: | | | | | | | | | | | |
| Name | Date of Birth | | Relationship | | Name | | | | Date of Birth | | Relationship |
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| 1. Have you taken up legal residence status in any country other than that of your nationality?   □ Yes □ No  If answer is “Yes”, which country? | | 1. Have you taken any legal steps towards changing your present nationality?   □ Yes □ No If answer is “Yes”, explain fully: | | | | | | | | | |
| 10. Have you any near relatives who are employed by a public international organization? □ Yes □ No If answer  If answer “Yes” give following information : | | | | | | | | | | | |
| Name | | | | Relationship | | | | International Organization | | | |
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| 11. For what kind of work do you wish to be considered? | | | | | | | | | | | | | 12. For secretarial/ Clerical grades only indicate speed in words per minute | | | | | |
|  | English | French | Spanish | Other languages | |
| Typing |  |  |  |  |  |
| Shorthand |  |  |  |  |  |
| 13. LANGUAGES  (List mother tongue first) | READING | | | | WRITING | | | | SPEAKING | | | | List any special skills you possess and machines and equipment you can use : | | | | | |
| Excellent | Good | Fair | Slight | Excellent | Good | Fair | Slight | Excellent | Good | Fair | Slight |
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| 1. Employment by the Organization my require assignment and travel to any area. Have you any disabilities or reservations which may restrict your activities in this respect ?   □ Yes □ No  □ Yes □ No  If answer is “Yes”, specify reasons : | | | | | | | | | | | | | | |
| 1. Would you accept short-term employment ?   □ 1 to 3 months □ 3 to 6 months □ 6 to 12 months  □ Yes □ No  If answer is “Yes”, indicate : | | | | | | | | | | | | | | |
| 1. Have you previously submitted an application for employment with an international organization?   If answer is “Yes”, specify organization and date : | | | | | | | | | | | | | | |
| 1. EDUCATION : Give full details, using the following space in so far employment as it is appropriate :   (A) University or equivalent | | | | | | | | | | | | | | |
| Name and Place | | | | | Years Attend | | | | Degrees and  Academic Distinction | | | | | Main Subjects |
| From | To | | |
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| (B) Schools or other formal education or training from age 14 (e.g. High school or apprenticeship). | | | | | | | | | | | | | | |
| Name and Place | | | | | Type | | | | | Years Attend | | | | Certificates,  Diplomas Obtained |
| From | | To | |
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| 1. List professional societies, and activities in civic, public, or international affairs : | | | | | | | | | | | | | | |
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| 1. List any significant publications you have written ( do not attach ). | | | | | | | | | | | | | | |
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| 1. 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 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 force. | | | | | | | | | | | | | | |
| Dates | | Salaries per annum (Excl. Allowance) | | | | | Exact title of your post | | | | | | | |
| From | To (present) | Starting | | Present | | | Duty Station | | | | | | | |
| Name of Supervisor | | | | Allowance. etc.  + | | | Type of Business | | | | | | | |
| Name of Employer | | | | Total tax  \_ | | | Number and kind of employees supervised by you | | | | | | | |
| Address of Employer | | | | Net Salary  = | | | Reason for leaving, if applicable | | | | | | | |
| Description of your work: | | | | | | | | | | | | | | |
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| Dates | | Salaries per annum (Excl. Allowance) | | | | | Exact title of your post | | | | | | | |
| From | To | Starting | | Final | | | Duty Station | | | | | | | |
| Name of Supervisor | | | | | | | Type of Business | | | | | | | |
| Name of Employer | | | | | | | Number and kind of employees supervised by you | | | | | | | |
| Address of Employer | | | | | | | Reason for leaving. | | | | | | | |
| Description of your work: | | | | | | | | | | | | | | |
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| Dates | | Salaries per annum (Excl. Allowance) | | | | | Exact title of your post | | | | | | | |
| From | To | Starting | | Final | | | Duty Station | | | | | | | |
| Name of Supervisor | | | | | | | Type of Business | | | | | | | |
| Name of Employer | | | | | | | Number and kind of employees supervised by you | | | | | | | |
| Address of Employer | | | | | | |  | | | | | | | |
| Description of your work : | | | | | | | | | | | | | | |
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| Dates | | Salaries per annum (Excl. Allowance) | | | | | Exact title of your post | | | | | | | |
| From | To (present) | Starting | | Final | | | Duty Station | | | | | | | |
| Name of Supervisor | | | | | | | Type of Business | | | | | | | |
| Name of Employer | | | | | | | Number and kind of employees supervised by you | | | | | | | |
| Address of Employer | | | | | | | Reason for leaving. | | | | | | | |
| Description of your work: | | | | | | | | | | | | | | |
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| 21. Have you any objections to our making inquiries of your present employer? □ Yes □ No | | | | | | | | | | | | | | |
| 22. 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 20 | | | | | | | | | | | | | | |
| Full Name | | | Full Address( Telephone No. if Known) | | | | | | | | Business of Occupation | | | |
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| 23. LEGAL CONVICTIONS ( Include all convictions other than those for minor violations of road traffic regulations ) | | | | | | | | | | | | | | |
| Charge | | | Date | | | | | where tried | | | | | Conviction | |
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| 1. State other relevant facts. Include information regarding any residence of 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 physical examination. | | | | | | | | | | | | | | |
| I attest that I have read and understand the policies and procedure stated in the application form. I agree to background check on my employment, educational information and degree earned including criminal record and eligibilities.  Date:  Signature: | | | | | | | | | | | | | | |
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