

United Nations Population Fund

## **Personal History Form**

INSTRUCTIONS: P follow all direction	lease answ s. If you ne	er each questioner each questi	on clearly and , attach addit	d completel tional pages	y. Type s of the s	or print in ink. Re same size.	ead carefully and			
1. Family name (su	ırname)	2.	First names			3. Maiden na	ame, if applicable			
			1				1			
<b>4. Date of birth</b> day month yea		lace of birth	6. National birth	ity at		all your current lity(ies)	8. Gender			
			N				Male 🗌 Female 🗌			
9. Marital status	Single	Married	] Separat	ed 🗌 🛛 W	/idow(er)	Divorced				
<b>10.</b> Entry into Unite Nations has responsively work or your ability	ed Nations se sibilities. Do to engage in	ervice might req you have/exper air travel?	uire assignme	ent and travel	to any a	area of the world ir	n which the United			
No Yes If		12. Present a	ddress if diffe	erent from	13. T	elephone numbe	rs			
		that indicated				/Mobile;				
Telephone No.		Telephone No			addre	ess:	ofessional e-mail			
15. Have you any d	ependents?	Yes 🗌 No 🗌	If the answer	is "Yes", giv	e the fol	lowing information				
Name	Date of bir	h Relati	Relationship Name			Date of birth	Relationship			
16. Have you taken up legal permanent residence status in any country other than that of your nationality?       17. Have you taken any steps towards changing your present nationality?         No Yes       No Yes         If "Yes", which country(ies)?       If "Yes", explain fully:										
<b>18.</b> Are any of your Common System, ir			artner, father/r				nployed in the UN			
Name			Relations		wing into	Name of Organization & Duty Station				
<b>19. Do you have a</b> following information		xtended) family	members er	mployed by	UNDP?	No 📋 Yes 📋 If	"Yes", give the			
Name				onship		Name of Unit & Duty Station				
<b>20.</b> Would you acce Yes 🗌 No 🗌	six months?	<b>21.</b> Have you been interviewed for any UNDP positions in the last 12 months? If so, for which post(s)?								
22. Languages –		Ability to	o operate in th	Ability to operate in the listed language(s) in a work environment						

indicate mother tongue 1 <sup>st</sup>								
		Read		Write		Speak		Understand
	_ none   _ limite   _ worki   _ profic	ng knowledge	e Drofic	d ng knowledge	lii W U	ione mited vorking knowledge proficient		none limited working knowledge proficient
	none	d ng knowledge	none	d ng knowledge	n lii w	none mited vorking knowledge proficient		none limited working knowledge proficient
	none	d ng knowledge	none	d ng knowledge	n lii	none mited vorking knowledge proficient		none limited working knowledge proficient
	none	d ng knowledge	none	d ng knowledge	n lii	ione mited vorking knowledge proficient		none limited working knowledge proficient
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	none	ng knowledge	e Drofic	d ng knowledge		one mited vorking knowledge vroficient		none limited working knowledge proficient
	profic	ng knowledge ient	🗌 profic	d ng knowledge ;ient	    w    p	ione mited vorking knowledge vroficient		none limited working knowledge proficient
<ul> <li>23. For General Service support level posts only, indicate if you have passed the following tests:</li> <li>UN/ASAT – Administrative Support Assessment Test (formerly known as clerical test):</li> <li>No □Yes □ if "Yes", date taken:</li> <li>UNDP/AFT – UNDP Accountancy and Finance Test: No □ Yes □ if "Yes", date taken:</li> </ul>								
<b>24. EDUCATION</b> : Give full details - NB Please give exact titles of degrees in original language Degrees claimed in the job application (even if they are not a requirement for the post) must be completed at the time of								
the application. UNDP only recognizes degrees and diplomas from educational institutions that have been recognized or otherwise approved by competent authorities at the time that they were obtained. Degrees requiring little or no actual course work, degrees awarded for payment of fees only, and degrees granting substantial credits for "lifetime achievements" or "life/work experience" will normally not be recognized. Incomplete degrees are unacceptable to UNDP, regardless of whether they are associated with a recognized higher educational institution.								
<ul> <li>A. List all educational institutions attended, including secondary school, and diplomas/degrees or equivalent qualifications obtained (highest level education first). Give the exact name of the institution and the title of degrees, diplomas, etc. (Please do not translate or indicate equivalent degrees).</li> </ul>								
Name, place and	country	Attended Mo/Year	l from/to /lo. /Year	Degrees / Di obtaine		as Main course study	e of	In person or online/remote?
<u> </u>								

B. Post-qualification trainin			tivitie				••••	· · · · · · · · · · · · · · · · · · ·
Name, place and country		Туре		Attended fr Mo/Year Mo		D	tificates or Diplomas Obtained	In person or online/remote?
C. UN Language Proficiency	y Exams (if	any)			1		r	
D. UNDP Certification Programmes (if any)								
25. List membership of prof	essional so	cieties and a	activi	ities in civic, p	oublic o	or intern	ational affai	rs
26. List any significant publications you have written (do not attach them) or any special recognitions you have received								
27. Have you already been issued a UN Index Number? No 🗌 Yes 🗌 If "Yes", please indicate this number:								

<b>28. EMPLOYMENT RECORD:</b> Starting with your present post, list in reverse order every employment you have had. Use a separate block for each employment. Include service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size. Provide gross salary per annum and <b>indicate currency</b> for your last or present post.								
Are you a current or former UNV? Yes 🗌 No 🗌 If "Yes", please indicate roster number:								
		st, if not present						
FROM	TO	SALARIES PER		FUNCTIONAL TITL	•	your Letter of		
Month/Year	Month/Year	Starting (gross)	Final (gross)	Appointment/Contra	act:			
			(91033)	UN grade of your po	ost (if applicable):			
				(do not indicate equ	iivalency)			
				Last UN step in you	r post (if applicabl	e):		
NAME OF EMP	LOYER:		I	TYPE OF BUSINES	SS:			
				EMPLOYMENT TY	PE:			
				Full time:	-			
				Part Time: (	%)			
				Type of contract:				
				100 Series	200 series	ALD/300 series		
				Permanent	Indefinite	Continuing		
				│	│	SSA / IC		
ADDRESS OF I								
						f Supervisor:		
				E-mail Address and Telephone No. of Supervisor:				
				Do/did you supervise staff? If so:				
				Number of professional staff supervised: Number of support staff supervised:				
				Number of support stall supervised.				
Description of ye	our duties and i	related accomplish	nments:					
Reason for leav	ing:							
	-							
B. PREVIOUS	POSTS (In rev	verse order i.e. m	ost recent	post first)				
FROM	ТО	SALARIES PER		FUNCTIONAL TITL	E: As specified in	your Letter of		
Month/Year	Month/Year		Final	Appointment/Contra	act:	-		
			(gross)					
				UN Grade of your post (if applicable): (do not indicate equivalency)				
				Last UN step in your post (if applicable):				
NAME OF EMP				TYPE OF BUSINESS:				
	LOTEIX			TIPE OF BUSINES	55.			
				EMPLOYMENT TY	PE:			
				Full time:				
				Part Time: (	%)			
				Type of contract:				
				100 Series	200 series	ALD/300 series		
				Permanent	Indefinite	Continuing		
ADDRESS OF I				SC NAME OF SUPERV		Other		
						f Suponvicor:		
				E-mail Address and				

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				Did you supervise staff? If so: Number of professional staff supervised: Number of support staff supervised:			
Description of ye	our duties and re	elated accomplisi	nments:				
Reason for leav	ing:						
FROM Month/Year NAME OF EMP	TO Month/Year LOYER	SALARIES PEI	R ANNUM Final (gross)	FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract: UN Grade of your post (if applicable): (do not indicate equivalency) Last UN step in your post (if applicable): TYPE OF BUSINESS:			
				EMPLOYMENT TYF Full time: Part Time: ( <b>Type of contract:</b> 100 Series Permanent FTA SC	%) 200 series Indefinite TA UNV	<ul> <li>ALD/300 series</li> <li>Continuing</li> <li>SSA / IC</li> <li>Other</li> </ul>	
ADDRESS OF I	EMPLOYER			NAME OF SUPERVISOR:         E-mail Address and Telephone No. of Supervisor:         Did you supervise staff? If so:         Number of professional staff supervised:         Number of support staff			
Description of ye	our duties and re	elated accomplish	nments:	1			
Reason for leav	ing:						
FROM Month/Year	TO Month/Year	SALARIES PEI	R ANNUM Final (gross)	Appointment/Contract:			
NAME OF EMP	LOYER	I	I	TYPE OF BUSINESS:			
				EMPLOYMENT TYP Full time: Part Time: (	PE: %)		
				Type of contract:	200 series Indefinite TA UNV	<ul> <li>ALD/300 series</li> <li>Continuing</li> <li>SSA / IC</li> <li>Other</li> </ul>	
ADDRESS OF I	EIVIPLUYEK			NAME OF SUPERVISOR: E-mail Address and Telephone No. of Supervisor:			
				Did you supervise s Number of profession Number of support s	onal staff supervi		

Description of yo	our duties and i	related accomplish	nments:				
Reason for leav	ing:						
FROM Month/Year	TO Month/Year	SALARIES PER	ANNUM Final (gross)	FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract: UN Grade of your post (if applicable): (do not indicate equivalency)			
NAME OF EMP	LOYER			Last UN step in you TYPE OF BUSINES		<i></i>	
				EMPLOYMENT TYP Full time: Part Time: ( Type of contract:	PE: %)		
				<ul> <li>100 Series</li> <li>Permanent</li> <li>FTA</li> <li>SC</li> </ul>	☐ 200 series ☐ Indefinite ☐ TA ☐ UNV	<ul> <li>ALD/300 series</li> <li>Continuing</li> <li>SSA / IC</li> <li>Other</li> </ul>	
ADDRESS OF E	EMPLOYER			NAME OF SUPERVISOR: E-mail Address and Telephone No. of Supervisor:			
				Did you supervise staff? If so: Number of professional staff supervised: Number of support staff supervised:			
Description of yo	our duties and i	related accomplish	nments:	1			
Reason for leav	ing:						
FROM Month/Year	TO Month/Year	SALARIES PER	ANNUM Final (gross)	FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract: UN Grade of your post (if applicable): (do not indicate equivalency) Last UN step in your post (if applicable):			
NAME OF EMP	LOYER			TYPE OF BUSINES	1 ( 11	,	
				EMPLOYMENT TYPE: Full time:  Part Time: (%)			
				Type of contract:	☐ 200 series ☐ Indefinite ☐ TA ☐ UNV	<ul> <li>ALD/300 series</li> <li>Continuing</li> <li>SSA / IC</li> <li>Other</li> </ul>	
ADDRESS OF EMPLOYER				NAME OF SUPERVISOR: E-mail Address and Telephone No. of Supervisor:			
				Did you supervise staff? If so: Number of professional staff supervised: Number of support staff supervised:			
Description of your duties and related accomplishments:							
Reason for leav	ing:						

FROM	ТО	SALARIES PEI	R ANNUM	FUNCTIONAL TITLE: As specified in your Letter of				
Month/Year	Month/Year		Final	Appointment/Contract:				
			(gross)	UN Grade of your post (if applicable):				
				(do not indicate equivalency)				
				Last UN step in your post (if applicable):				
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NAME OF EMP	LUYER			TYPE OF BUSINES	55:			
				EMPLOYMENT TY	PE:			
				Full time:				
				Part Time: (	%)			
				Type of contract:				
				☐ 100 Series	200 series	ALD/300 series		
				Permanent				
				☐ FTA				
				SC SC	UNV	Other		
ADDRESS OF E	EMPLOYER			NAME OF SUPERV	/ISOR:			
				E-mail Address and	Telephone No. of	Supervisor:		
				Did you supervise s	taff? If so:			
				Number of profession		ed:		
				Number of support s				
Description of vo	our duties and r	elated accomplis	hments:					
Reason for leav	ing:							
FROM	ТО	SALARIES PEI	R ANNUM	FUNCTIONAL TITLE: As specified in your Letter of				
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		(gross)	(gross)	UN Grade of your post (if applicable):				
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NAME OF EMP	L OYER			Last UN step in you TYPE OF BUSINES		5).		
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				Part Time: ( Type of contract:	%)			
				Type of contract.				
				☐ 100 Series	200 series	ALD/300 series		
				Permanent	Indefinite	Continuing		
				🔲 FTA	<u> </u>	SSA / IC		
						Other		
ADDRESS OF E	EMPLOYER			NAME OF SUPERV E-mail Address and		Supervisor		
				Did you supervise s	taff? If so:			
				Number of profession	onal staff supervise	ed:		
				Number of support s	staff supervised:			
Description of y	our duties and r	elated accomplic	hmente					
Description of your duties and related accomplishments:								
Reason for leav	ing.							
FROM	ТО	SALARIES PER	RANNUM	FUNCTIONAL TITL	E: As specified in	your Letter of		
Month/Year	10							
internativ i ocar	Month/Year	Starting	Final	Appointment/Contra				
			Final (gross)	UN Grade of your p	ost (if applicable):			
		Starting		UN Grade of your p (do not indicate equ	ost (if applicable): ivalency)			
NAME OF EMP	Month/Year	Starting		UN Grade of your p	ost (if applicable): ivalency) r post (if applicable	9):		

					EMPLOYMENT TYPE:					
					Full time:  Part Time:  ( %)					
					Type of contract:	70)				
					<ul> <li>100 Series</li> <li>Permanent</li> <li>FTA</li> <li>SC</li> </ul>	200 series Indefinite TA UNV	<ul> <li>ALD/300 series</li> <li>Continuing</li> <li>SSA / IC</li> <li>Other</li> </ul>			
ADDRESS OF I	EMPLOYER				NAME OF SUPERV E-mail Address and		Supervisor:			
					Did you supervise st Number of professio Number of support s	onal staff supervise	d:			
Description of ye	our duties and r	elated ac	complish	nments:						
Reason for leav	ing:									
FROM	ТО	SALAR	IES PER	ANNUM	FUNCTIONAL TITL	E: As specified in y	our Letter of			
Month/Year	Month/Year Month/Year Starting Final (gross) (gross)					Appointment/Contract: UN Grade of your post (if applicable): (do not indicate equivalency) Last UN step in your post (if applicable):				
NAME OF EMP	LOYER				TYPE OF BUSINES	S:	·/·			
					EMPLOYMENT TYF Full time: Part Time: ( Type of contract:	PE: %)				
					<ul> <li>100 Series</li> <li>Permanent</li> <li>FTA</li> <li>SC</li> </ul>	<ul> <li>☐ 200 series</li> <li>☐ Indefinite</li> <li>☐ TA</li> <li>☐ UNV</li> </ul>	<ul> <li>ALD/300 series</li> <li>Continuing</li> <li>SSA / IC</li> <li>Other</li> </ul>			
ADDRESS OF I	EMPLOYER				NAME OF SUPERVISOR: E-mail Address and Telephone No. of Supervisor:					
					Did you supervise staff? If so: Number of professional staff supervised: Number of support staff supervised:					
Description of y	our duties and r	elated ac	complish	iments:						
Reason for leav	ing:									
29. Have you any objections to our making inquiries of:         (a) your present employer?       No         Yes         (b) your previous employers?       No										
<b>30.</b> Are you now, or have you ever been, a national civil servant in your government? No Yes										
If "Yes", Indicate dates of service: Functions:					Country:					
<b>31.</b> References: list <b>three</b> persons not related to you who are familiar with your character and qualifications and who may be contacted for a reference										
UNDP may see	k references fro		rmer em	ployers.	without obtaining prior consent. However, please note that					
F	ull Name			dress, incluc lephone Nur	ding E-Mail AddressName of Organization,mberBusiness or Occupation					

<b>32.</b> State any other relevant facts in support of your application. Include information regarding any periods of residence outside the country of your nationality								
<b>33.</b> Have you ever been 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								
<b>34.</b> Have you ever had disciplinary measures imposed on you, including dismissal or separation from service, on the grounds of misconduct? NoYesIf "Yes", give full particulars of each case in an attached statement.								
35. Have you ever been separated from service on the grounds of unsatisfactory performance?								
No 🗌 Yes 🗌 If "Yes", give fu	Il particulars of each case in	an attached statement						
<b>36.</b> I certify that the information I have provided in the present document is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or material omission made in this document may lead to the termination of my appointment or to dismissal. I understand this also applies to any other information or document requested by the Organization for the purpose of my recruitment to and employment with UNDP.								
In connection with this application, I authorize former employers and educational institutions to release information about my background to UNDP or its agent. My signature below releases the aforesaid parties providing information about me from any liability whatsoever in collecting and disseminating the information obtained.								
DATE:	SIGNATURE:							
Note:								
Applications for employment at UNDP must include a completed and signed Personal History form (P.11). By submitting a Personal History form, the applicant authorizes UNDP or its agent to verify and validate all information provided in the P.11. The P.11 form is not valid without signature. The signed P.11 form serves to release any party cited in the form from any liability whatsoever for releasing information to UNDP or its agent.								
You may be requested to provide documentary evidence of the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the originals of any references, testimonials or certificates of academic achievement unless they have been obtained for the sole use of UNDP.								

If Degrees/Certificates are in foreign language, you may be required to provide official English translation at time of request.