



Personal History Form

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.

1. Family name (surname)		2. First names		3. Maiden name, if applicable	
4. Date of birth day month year		5. Place of birth	6. Nationality at birth	7. List all your current nationality(ies)	8. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
9. Marital status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/>					
10. Entry into United Nations service might require assignment and travel to any area of the world in which the United Nations has responsibilities. Have you any disabilities which might limit your prospective field of work or your ability to engage in air travel? No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", please describe:					
11. Permanent address Telephone No.		12. Present address if different from that indicated in box 11 Telephone No.		13. Office telephone number Home/Mobile; Work;	14. Personal and/or professional e-mail address:
15. Have you any dependents? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is "Yes", give the following information:					
Name	Date of birth	Relationship	Name	Date of birth	Relationship
16. Have you taken up legal permanent residence status in any country other than that of your nationality? No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", which country(ies)?			17. Have you taken any steps towards changing your present nationality? No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", explain fully:		
18. Are any of your family members (spouse/partner, father/mother, brother/sister, son/daughter) employed in the UN Common System, including UNDP? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", give the following information:					
Name		Relationship		Name of Organization & Duty Station	
19. Do you have any other (extended) family members employed by UNDP? No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", give the following information:					
Name		Relationship		Name of Unit & Duty Station	
20. Would you accept employment for less than six months? Yes <input type="checkbox"/> No <input type="checkbox"/>			21. Have you been interviewed for any UNDP positions in the last 12 months? If so, for which post(s)?		

22. Languages – indicate mother tongue 1 st	Ability to operate in the listed language(s) in a work environment			
	Read	Write	Speak	Understand
	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient
	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient
	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient
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	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> working knowledge <input type="checkbox"/> proficient
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23. For General Service support level posts only, indicate if you have passed the following tests:

ASAT – Administrative Support Assessment Test (formerly known as clerical test): No Yes if “Yes”, date taken:

UNDP Finance Assessment Test: No Yes if “Yes”, date taken:

24. EDUCATION: 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.

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).

Name, place and country	Attended from/to Mo./Year Mo. /Year		Degrees / Diplomas obtained	Main course of study	In person or online/remote?

B. Post-qualification training courses / learning activities

Name, place and country	Type	Attended from/to		Certificates or Diplomas obtained	In person or online/remote?
		Mo/Year	Mo. /Year		

C. UN Language Proficiency Exams (if any)

D. UNDP Certification Programmes (if any)

25. List membership of professional societies and activities in civic, public or international affairs

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:

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28. EMPLOYMENT RECORD: 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 **indicate currency** for your last or present post.

Are you a current or former UNV? Yes No If "Yes", please indicate roster number:

A. PRESENT POST (Last post, if not presently employed)

FROM	TO	SALARIES PER ANNUM		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):
Month/Year	Month/Year	Starting (gross)	Final (gross)	

NAME OF EMPLOYER:	TYPE OF BUSINESS:
	EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%)
	Type of contract: <input type="checkbox"/> 100 Series <input type="checkbox"/> 200 series <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Permanent <input type="checkbox"/> Indefinite <input type="checkbox"/> Continuing <input type="checkbox"/> FTA <input type="checkbox"/> TA <input type="checkbox"/> SSA / IC <input type="checkbox"/> SC <input type="checkbox"/> UNV <input type="checkbox"/> Other

ADDRESS OF EMPLOYER	NAME OF 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:

Description of your duties and related accomplishments:

Reason for leaving:

B. PREVIOUS POSTS (In reverse order i.e. most recent post first)

FROM	TO	SALARIES PER ANNUM		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):
Month/Year	Month/Year		Final (gross)	

NAME OF EMPLOYER	TYPE OF BUSINESS:
	EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%)
	Type of contract: <input type="checkbox"/> 100 Series <input type="checkbox"/> 200 series <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Permanent <input type="checkbox"/> Indefinite <input type="checkbox"/> Continuing <input type="checkbox"/> FTA <input type="checkbox"/> TA <input type="checkbox"/> SSA / IC <input type="checkbox"/> SC <input type="checkbox"/> UNV <input type="checkbox"/> Other

ADDRESS OF EMPLOYER	NAME OF SUPERVISOR: Email Add. and/or Telephone No. of Supervisor:
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				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 leaving:				
FROM	TO	SALARIES PER ANNUM		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):
Month/Year	Month/Year		Final (gross)	
NAME OF EMPLOYER				TYPE OF BUSINESS:
				EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%)
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				<input type="checkbox"/> 100 Series <input type="checkbox"/> 200 series <input type="checkbox"/> ALD/300 series <input type="checkbox"/> Permanent <input type="checkbox"/> Indefinite <input type="checkbox"/> Continuing <input type="checkbox"/> FTA <input type="checkbox"/> TA <input type="checkbox"/> SSA / IC <input type="checkbox"/> SC <input type="checkbox"/> UNV <input type="checkbox"/> Other
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ADDRESS OF EMPLOYER				NAME OF SUPERVISOR: Email Add. and/or 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 leaving:			
FROM	TO	SALARIES PER ANNUM	
Month/Year	Month/Year		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 EMPLOYER		TYPE OF BUSINESS:	
		EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%)	
		Type of contract:	
		<input type="checkbox"/> 100 Series <input type="checkbox"/> Permanent <input type="checkbox"/> FTA <input type="checkbox"/> SC	<input type="checkbox"/> 200 series <input type="checkbox"/> Indefinite <input type="checkbox"/> TA <input type="checkbox"/> UNV
ADDRESS OF EMPLOYER		NAME OF SUPERVISOR: Email Add. and/or 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 leaving:			
FROM	TO	SALARIES PER ANNUM	
Month/Year	Month/Year		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 EMPLOYER		TYPE OF BUSINESS:	
		EMPLOYMENT TYPE: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> (%)	
		Type of contract:	
		<input type="checkbox"/> 100 Series <input type="checkbox"/> Permanent <input type="checkbox"/> FTA <input type="checkbox"/> SC	<input type="checkbox"/> 200 series <input type="checkbox"/> Indefinite <input type="checkbox"/> TA <input type="checkbox"/> UNV
ADDRESS OF EMPLOYER		NAME OF SUPERVISOR: Email Add. and/or 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 leaving:			

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 EMPLOYER				TYPE OF BUSINESS:
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Did you supervise staff? If so: Number of professional staff supervised: Number of support staff supervised:				
Description of your duties and related accomplishments:				
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FROM Month/Year	TO Month/Year	Starting (gross)	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 EMPLOYER				TYPE OF BUSINESS:

32. State any other relevant facts in support of your application. Include information regarding any periods of residence outside the country of your nationality

33. 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

34. Have you ever had disciplinary measures imposed on you, including dismissal or separation from service, on the grounds of misconduct?
 No Yes If "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 full particulars of each case in an attached statement.

36. 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 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.