INTER-PARLIAMENTARY UNION



PERSONAL HISTORY

Attach a recent photo of yourself

Please answer each question clearly and completely.

Type or print in ink.

Read carefully and follow all directions.

1. Family name	ne	e Other names					Maiden Name				
2. Date of birth (D/M/Y)	3. Country of birth					4. Natio	nality/ies at birth	1		5. Present nation	nality/ies
6. Sex M ☐ F ☐	7. Marital status: Single										
8. Permanent address:				9. Present address:				10. Telephone no. during working hours:			
Telephone:				elephone:							
Fax: E-mail:			Fax: E-mai	l:	Fax: E-mail:						
11. Have you taken up legal resid	ence status i	n any cor	intry othe	er than that of v	our natio	nality	Yes 🗆	No	П		
If "yes", in which country?	ence status ii	ir arry coc	may out		our natio	mancy					
12. Have you taken any legal step If "yes", explain fully:	s towards ch	anging yo	our prese	nt nationality			Yes	No			
13. Have you any dependants?	Yes 🗌	No 🗌	If "y	yes", give the fol	llowing ir	nformation:					
Name Age				Relationship			Name Age			Relationship	
14. What is your preferred field of	f work?				•		15. Vacancy Notice applied for:				
16. Would you accept employment for less than six months? Yes No No 17. Have you previously submitted an application for employment with the IPU? If so, when?											
18. Indicate the name of any relat	ives working			er international	organiza	tions:					
Name: Organization: Relationship:											
19. KNOWLEDGE OF LANGUAG	ES. Indicate	your first	t languag	e; if not the sam	ne, indica	ate also motl	ner tongue:				
Other languages Read				Write	Spe		eak		Understand		
Other languages	Easily		easily	Easily	N	lot easily	Fluently	Not flue	ntly	Easily	Not easily
						<u> </u>					
20. For secretarial positions only:21. List computer skills and office machinesIndicate speed in words per minute:you can use:											
					Other	languages					
English French Spanish											
Typing											
Shorthand											
Please retu	ırn complet	ed form t	to the Pe	rsonnel Depart	tment of	the Inter-Pa	rliamentary Un	ion, 5 che	min a	lu Pommier, C.P	330

CH-1218 Le Grand Saconnex- Geneva, Switzerland. Fax: +41-22-919 4160 E-mail: postbox@mail.ipu.org

22. EDUCATION N.B. Pleatranslate or equate to other degr	se give exact name rees. Exclude prima	of institutions and titlery/secondary school is	es of degrees in original f you have a university de	language starting with egree or equivalent.	the most recent. Plea	ase do not			
Institution		Years attended				Main area of			
Name, place and co	ountry	From T	О	distinctions obtained		study			
23. List any significant publication	ons you have writte	n (do not attach):							
24. EMPLOYMENT RECOR block for each post. Ir more space, attach addition	nclude also servic	e in the armed for	post, list in rever	rse order every e eriod during which	mployment you h you were not gaint	ave had. Use a separate fully employed. If you need			
From	То	Salary p	per annum	Exact title of your po	st:				
Month/Year	Month/Year	Starting	Final						
Name of ampleton			Time of opticities						
Name of employer:			Type of activity:						
Address and telephone of emplo	oyer:		Name of supervisor:						
			Number and kind of employees		Reason for leaving:				
DESCRIPTIC	ON OF YOUR DUTI	ES	supervised by you:						

From	То	Salanyn	per annum Exact title of your post:						
Month/Year			Final	Final					
Name of employer:			Type of activity:						
Address and telephone of emplo	oyer:		Name of supervisor:						
			Number and kind of employees Reason for leaving:						
			supervised by you:						
DESCRIPTIO	N OF YOUR DUTII	ES							
From	То		per annum Exact title of your post:						
Month/Year	Month/Year	Starting	Final						
Name of employer:			Type of activity:	Type of activity:					
Address and telephone of emplo	yer:		Name of supervisor:						
			N. ob and Padatanton						
			Number and kind of employees supervised by you:						
DESCRIPTIO	n of your dutii	ES							
	_								
From	То	Salany n	per annum	Exact title of your po	ct·				
Month/Year Month/Year Starting			Final	Final					
Name of employer:			Type of activity:						
1 /									
Address and telephone of emplo	over:		Name of supervisor:						
, radices and telephone of emple	,,								
			Number and kind of employees Reason for leaving: supervised by you:						
DESCRIPTIO	N OF YOUR DUTII	ES	supervised by you.						
	·		<u> </u>						

_	_								
From Month/Year	To Month/Year	Salary Starting	per annum Final	Exact title of your post:					
Name of employer:			Type of activity:						
Address and telephone of emplo	oyer:		Name of supervisor:	Name of supervisor:					
			Number and kind of e supervised by you:	Reason for leaving:					
DESCRIPTIO	n of your duti	IES							
25. Have you any objections to		, .	. ,						
26. Have you any objections to				Yes					
27. Are you now, or have you e If "yes", when?	ver been, a permai	nent civil servant in y	our government's employ	? Yes	No □				
28. 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 24.									
FUL	L NAME		FULL AD	DRESS	OCCUPATION				
29. State any other relevant facts, including membership in professional societies. Include information regarding any residence outside the country of your nationality.									
30. Appointment is subject to a satisfactory medical examination. and might entail travel to any area of the world. Have you any disabilities which might limit your work or your ability to engage in air travel? No Yes Explain:									
31. 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 I									
32. How did you hear about the Inter-Parliamentary Union and this post?									
33. 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: Signature:									

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.