

INSTRUCTIONS Please answer each question clearly and completely. TYPE OR PRINT IN INK. Read carefully and follow all directions	 International Bridges Org. PERSONAL HISTORY	<i>Do not write in this space</i>
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STATE POSITION YOU ARE APPLYING FOR:

1. Family Name	First Name	Middle Name	Maiden name, if any

	Day	Mo.	Yr.	2. Date of birth	3. Place of birth	4. Nationality(ies) at birth	Present nationality(ies)	6. Sex

7. Height	8. Weight	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 the IBO service might require assignment to any area of the world in which the IBO might have responsibilities.

a) Are there any limitations on your ability to perform in your prospective field of work? YES NO

b) Are there any limitations on your ability to engage in travel? YES NO

11. Current Address			
Address line 1			
Address line 2			
Address line 3		Postal code	
city		country	

12. Permanent Address			
Address line 1			
Address line 2			
Address line 3		Postal code	
city		country	

13. Phone Numbers (mandatory to complete)			
Type	Country Code	Telephone #	Indicate which is Preferred
Home			
Business			
Mobile			

14. Email Addresses (Mandatory to complete)		
Type	Email Address	Indicate which is Preferred
Home		
Business		

15. Have you any dependants? 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? YES NO

17. Have you taken any legal steps towards changing your present nationality? YES NO
 If answer is "yes", explain fully:

18. Are any of your relatives employed by a public international organisation? YES NO

If answer is "yes", give the following information:

NAME	Relationship	Name of International Organisation

19. What is your preferred field of work?

20. Would you accept employment for less than six months: YES NO

21. Have you previously submitted an application for employment with the IBO? If so, when?

22. KNOWLEDGE OF LANGUAGES.

What is your mother tongue?

OTHER LANGUAGES	READ		SPEAK		WRITE		UNDERSTAND	
	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily

23. EDUCATION. Give full details - N.B. Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.

A. University or equivalent

NAME, PLACE AND COUNTRY	ATTENDED FROM/TO		DEGREES and ACADEMIC DISTINCTIONS OBTAINED	MAIN COURSE OF STUDY
	Mo./Year	Mo./Year		

B. Schools or other formal training or education from age 14 (i.e. high school, technical school or apprenticeship)

NAME, PLACE AND COUNTRY	TYPE	YEARS ATTENDED		CERTIFICATES OR DIPLOMAS OBTAINED
		FROM	TO	

24. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS.

25. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (DO NOT ATTACH)

26. EMPLOYMENT RECORD: Starting with your present post, list IN REVERSE ORDER every employment you have had. Use a separate block for each post. Include also the 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. Give both gross and net salaries per annum for your last or present post.

A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL		
NAME OF EMPLOYER:				TYPE OF BUSINESS	
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR	
				N° AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING
DESCRIPTION OF YOUR DUTIES					

B. PREVIOUS POSTS (IN REVERSE ORDER)

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST	
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL		
NAME OF EMPLOYER:				TYPE OF BUSINESS	
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR	
				N° AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING
DESCRIPTION OF YOUR DUTIES					

FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR
				N° AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR
				N° AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
27. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				
28. ARE YOU NOW OR HAVE YOU EVER BEEN A CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If answer "yes", WHEN?				

29. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.
Do not repeat name of supervisor listed under item 27

NAME	Phone #	Email	BUSINESS OR OCUPATION

30. STATE ANY OTHER RELEVANT FACTS, INCLUDE INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY.

31. HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES NO

(If "yes", give full particulars of each case in an attached document)

32. OTHER PARTNER AGENCIES MAY BE INTERESTED IN OUR APPLICANTS; DO YOU HAVE ANY OBJECTIONS TO YOUR PERSONNAL HISTORY FORM BEING MADE AVAILABLE TO THEM? YES NO

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 MISREPRESENTATION OR MATERIAL OMISSION MADE ON A PERSONAL HISTORY FORM OR OTHER DOCUMENT REQUESTED BY THE ORGANIZATION RENDERS A STAFF MEMBER OF THE INTERNATIONAL BRIDGES ORGANIZATION LIABLE TO TERMINATION OR 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 Organisation, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organisation.