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|  | food and agriculture organization of the united nations Viale delle Terme di Caracalla, 00153 - ROME, ITALY PERSONAL HISTORY FORM | | | | | | | | | | | | | | | | | | | | | | | | | CANDIDATE TO | | | |
|  | INSTRUCTIONS: Please answer each question clearly and completely. Read carefully and follow all directions. Pls. use tab key to move to next field. If you need more space, attach additional pages of the same size. Be sure to sign and date the form. | | | | | | | | | | | | | | | | | | | | | | | | | AFFIX PHOTOGRAPH  HERE | | | |
| 1. Family name | | | First name | | | | | Middle name | | | | | | | | | | | Maiden name | | | | | | |  | | | |
| 2. Present residence (specify city, province or state and country) | | | | | | | | | | | | | | | | 3. Length of present residence | | | | | | | | | | 8. Telephone | | | |
| 4. Mailing address | | | | | | | | | | | | | | | | | | | | | | | | | | 9. Fax (if any) | | | |
| 5. Place of birth | | | | 6. Date of birth *(day, month, year)* | | | | | | | | | 7. Present nationality(ies) | | | | | | | | | | | 10.E-mail (if any) | | | | | |
| 11. Sex  Male | | Female | | 12. Marital Status  Single | | | | | | Married | | | | | | | Divorced | | | | | | Separated | | | | | Widow(er) | |
| 13. Language  *(List mother tongue first)* | | | | READ | | | | | | | WRITE | | | | | | | | | SPEAK | | | | | | | 14. For secretarial/clerical grades only, indicate speed in words per minute. | | |
| YOU MAY BE TESTED IN THESE  LANGUAGES | | | | Excel-lent | Good | Fair | | | Slight | | Excel-lent | Good | | | Fair | | | Slight | | Excel-lent | Good | | | Fair | Slight | | Typing | | Shorthand |
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| 1. Please indicate the language for correspondence  English  French  Spanish | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Indicate your professional (working) fields of expertise from the following sectors and job titles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accounting/Audit/Financial Management  Agricultural finance/Credit/Investment  Agricultural policy  Agriculture/Agronomy  Agro-industries/Post harvest systems  Commodities and trade  Computer sciences/Information systems  Economics/Econometrics  Education/Extension/Training  Engineering/Mechanization  Environmental sciences  Farm management/Farming systems  Fisheries | | | | | | | Food security/Food aid  Forestry  Horticulture  Human resources/Personnel management  Legal  Librarian/Document systems  Livestock/Veterinary  Management/Administration/Conference  Marketing  Medical  Nutrition  O&M/Institutions/Development management  Plant Production and protection | | | | | | | | | | | | | | | Project analysis and evaluation  Publishing/Media/Writing/Public information  Research and development  Rural development and agrarian reform  Secretary/Stenographer/Clerical  Sociology  Soils sciences and land management  Statistics  Translator/Interpreter/Verbatim reporter  Water resource management  Women in development  Other (specify below) | | | | | | | |
| 1. For what kind of work do you wish to be considered | | | | | | | | | | | | | | 1. If responding to a Vacancy Announcement, please quote the number     Please submit one application for each Vacancy Announcement | | | | | | | | | | | | | | | |
| 19. Computer skills  Excellent  Good  Fair  Slight | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Briefly indicate the computer packages that you normally use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE NOTE THAT IN EVALUATING YOUR CANDIDATURE FAO RESERVES THE RIGHT TO APPROACH YOUR PREVIOUS EMPLOYER(S) FOR REFERENCES. IT IS NOT OUR POLICY TO APPROACH YOUR PRESENT EMPLOYER AT THE EVALUATION STAGE UNLESS YOU EXPRESSLY AUTHORIZE THIS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE NOTE, HOWEVER, THAT BEFORE MAKING AN OFFER OF EMPLOYMENT FAO IS REQUIRED TO CONTACT BOTH YOUR PRESENT AND PREVIOUS EMPLOYERS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the statements made by me are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or any required information that is withheld from this form may provide grounds for the withdrawal of any offer of appointment or dismissal if an appoint has been accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | Signature | | | | | | | | | | | | | | | |
| **Your application for employment, if found useful to our overall programme, will be retained on our roster**  **for a maximum period of 24 months** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1. Education: give full detail 2. University or equivalent. You maybe required to furnish proof of degree obtained. DO NOT ENCLOSE WITH THIS FORM. | | | | | | | | |
|  | | Years attended | | | Degrees and academic |  | | |
| Name and place | | From | | To | distinctions obtained | Main subjects | | |
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| (B) Schools or other formal education or training from age 14 (e.g. high school, technical school or apprenticeship) | | | | | | | | |
|  | | Years attended | | |  |  | | |
| Name and place | | From | | To | Certificates, diplomas obtained | Type | | |
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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 in that period which you believe will be helpful in evaluating your record.**   **PLEASE NOTE THAT, BEFORE ANY OFFER OF APPOINTMENT IS MADE TO YOU, FAO WILL CONTACT YOUR PRESENT AND PREVIOUS EMPLOYERS FOR WORK REFERENCES. IF THERE ARE OTHER WORK-RELATED REFERENCES YOU WISH TO HAVE**  **TAKEN INTO ACCOUNT, PLEASE INDICATE.** | | | | | | | | |
| Dates | | | Exact title of your post | | | |  | |
| From | To | |  | | | | Salary per annum  (Excluding allowances) | |
| Name of supervisor | | | Duty station | | | | Starting |  |
|  | | |  | | | | Present |  |
| Name of employer | | | Type of business | | | | Allowances, etc.  + | |
| Address of employer | | | Number and kind of employees supervised by you | | | | Total tax (estimated)  - | |
|  | | | Reason for leaving, if applicable | | | | Net salary  = | |
| Telephone  Fax (if any)  E-mail (if any) | | |  | | | | | |
| DESCRIPTION OF YOUR WORK | | | | | | | | |

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| Dates | | Exact title of your post |  | |
| From | To |  | Salary per annum  (Excluding allowances) | |
| Name of supervisor | | Duty station | Starting |  |
|  | |  | Final |  |
| Name of employer | | Type of business | | |
| Address of employer | | Number and kind of employees supervised by you | | |
|  | | Reason for leaving, if applicable | | |
| Telephone  Fax (if any)  E-mail (if any) | |  | | |
| DESCRIPTION OF YOUR WORK | | | | |
| Dates | | Exact title of your post |  | |
| From | To |  | Salary per annum  (Excluding allowances) | |
| Name of supervisor | | Duty station | Starting |  |
|  | |  | Final |  |
| Name of employer | | Type of business | | |
| Address of employer | | Number and kind of employees supervised by you | | |
|  | | Reason for leaving, if applicable | | |
| Telephone  Fax (if any)  E-mail (if any) | |  | | |
| DESCRIPTION OF YOUR WORK | | | | |
| Dates | | Exact title of your post |  | |
| From | To |  | Salary per annum  (Excluding allowances) | |
| Name of supervisor | | Duty station | Starting |  |
|  | |  | Final |  |
| Name of employer | | Type of business | | |
| Address of employer | | Number and kind of employees supervised by you | | |
|  | | Reason for leaving, if applicable | | |
| Telephone  Fax (if any)  E-mail (if any) | |  | | |
| DESCRIPTION OF YOUR WORK | | | | |

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| 1. List membership in any professional societies and activities in civic, public or international affairs | | | | | | | | | |
| 1. List any significant publications you have written. PLEASE DO NOT ENCLOSE | | | | | | | | | |
| 1. Have you any dependants?  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 | | | | | | | | | |
| 1. Are you currently working for an international organization?  Yes  No   If answer is “Yes”, which organization? | | | | | | | | | |
| 1. Have you any relatives who are employed by a public international organization?  Yes  No   If answer is “Yes”, give the following information | | | | | | | | | |
| Name | | | Relationship | | | Organization | | | |
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| 1. Employment by the Organizations may require assignment and travel to any area.   Have you any disabilities or reservations that may restrict your activities in this respect?  Yes  No  If answer is “Yes”, explain fully | | | | | | | | | |
| 1. Would you accept short-term employment?  Yes  No   If answer is “Yes”, indicate  I to 3 months  3 to 6 months  6 to 12 months | | | | | | | | | |
| 1. May we refer this Personal History Form to another United Nations agency if appropriate?  Yes  No | | | | | | | | | |
| 1. Have you previously submitted an application for employment with an international organization?  Yes  No | | | | | | | | | |
| 1. Are you under any obligation to return/stay in the service of your government or other public sector   employer in recognition of sponsored training or education?  Yes  No | | | | | | | | | |
| 1. 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 any other relevant facts. Include information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc.   Also state any disability that might limit your field of work. Final appointment will be subject to a physical examination. | | | | | | | | | |