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INTERNATIONAL ORGANIZATION FOR MIGRATION 17, Route des Morillons										
If you are applying for a specific Vacancy Notice, please quote relevant position title and vacancy number:			CH -	P.O. Box 7 1211 GENE	l VA 19					
Applications must be filed in one of IOM's official languages (English, French or Spanish). Applications in other languages may be rejected. Make sure you complete all four pages of the personal history form.	PERSONAL ATTACH HISTORY PHOTOGRAPH HERE									
1. A) Surname		First Name Middle Name					Maiden Name, if any			
B) List any other names used2. A) Permanent Address								B)	Telephone I	No.
3. A) Present Residence (Specify City	y, Province	or State, Cou	ntry)		B) Since (d	ate)	Until (antic	ipated date)	C) Telep	bhone No.
4. A) Place of Birth (If Swiss, canton and origin)					C) Citizenship at Birth D) Present Citizenship			nship		
E) Passport or Identity Card No. Date of I				f Issue/Date of Expiry Place of Issue (in full)						
5. Sex (Check) Male Femal	e	6. Marital S Single	Status (Chec	ek) Married		Widow(er)		Divorced	S	eparated
7. Have you any depedents?		Yes		No		If answer is	"Yes" give f	ollowing info	ormation:	
Name	Age	Relati	onship		Name		Age		Relationship)
8. LANGUAGES (List mother tongue first)										
Language		Excellent	READ Good	Poor	Excellent	WRITE Good	Poor	Excellent	SPEAK Good	Poor

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9. EDUCATION: Give	e full details, u	using the foll	owing space	in so far as i	it is appropri	ate of schools	s or other for	mal training	or education from age 14 (e.g. high	h
school, technical school, apprenticeship, university or its equival			alent):	ient):						
Name and Place				Туре			ttended To	Certificates, diplomas, degrees academic distinctions obtaine		
							From	10		a
10. A) Indicate speed in	n words per m	iinute (if app	licable)				B) List any special skills you possess and machines and equipment you can use			
				0	ther Langua	ges				
<u>(1)</u>	English	French	Spanish							
Shorthand Typing							_			
11. List all organization										
12. List activities in civ	ic, public or i	nternational	affairs and na	ame any sigr	iificant publi	ications you f	ave written.			
13. For what kind of w	ork do you wi	sh to be cons	idered?							
14. A) Are you willing	to accept a p	ost requiring	travel?							
B) Would you acce	B) Would you accept short term employment?									
C) Would you accept an emergency field assignment at short notice?										
15. In the event of your	being selecte	d, how much	n notice woul	d you need t	pefore appoin	ntment?				
16. Have you any object	ctions to our n	naking inquir	ies of your p	resent emplo	oyer?			Yes	No Page 2	of 4

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			order each activity in which you have been engaged, accounting
		e and any period of unemployment of more	than six months' duration. Use a separate block for each period
and additional sh			
Present or most r			Description of duties and responsibilities
-	Dates	Annual emoluments:	
From To (month/year) (month/year)		Salary	
		Allowances	
		Total	
Business or orga	nization (name and addre	ess, including city)	
Title of your pos occupation	t or	Name of Supervisor	
Number and kind	1 of employees supervise	d by you	
Personal address	during this period		
Reason for leavin	ng		
	Dates	Total annual emoluments:	Description of duties and responsibilities
From (month/year)	To (month/year)		
Title of your pos	nization (name and addr	ess, including city) Name of Supervisor	
occupation			
	l of employees supervise	d by you	
	during this period		
Reason for leavin	ng		
	Dates	Total annual emoluments:	Description of duties and responsibilities
From (month/year)	To (month/year)		
Business or orga	nization (name and addr	ess, including city)	
Title of your post or occupation		Name of Supervisor	
Number and kind	d of employees supervise	d by you	
Personal address	during this period		
Reason for leavin	ng		

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		g with your present occupation, list in reverse e and any period of unemployment of mo	e order each activity in which you have been engaged, accounting re than six months' duration. Use
Present or most	recent occupation		Description of duties and responsibilities
	Dates	Annual emoluments:	
From (month/year)	To (month/year)	Salary	
		Allowances	
		Total	
Business or orga	anization (name and addre	ss, including city)	
Title of your pos occupation	st or	Name of Supervisor	
Number and kin	nd of employees supervise	l by you	
Personal address	s during this period		
Reason for leavi	ng		-
	Dates	Total annual emoluments:	Description of duties and responsibilities
From (month/year)	To (month/year)		
Business or orga	anization (name and addre	ss, including city)	
Title of your post or occupation		Name of Supervisor	
Number and kin	d of employees supervise	d by you	
Personal address	s during this period		
Reason for leavi	ing		
	Dates	Total annual emoluments:	Description of duties and responsibilities
From (month/year)	To (month/year)		
Business or orga	anization (name and addre	ss, including city)	
Title of your post or occupation		Name of Supervisor	
Number and kin	d of employees supervise	l by you	
Personal address	s during this period		
Reason for leavi	ng		

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18. References: List three persons not related to you who are familiar with your character and qualifications. Do not repeat names of supervisors listed under					
Item 17.					
Name in full	Complete Address (Telephone No. if known)	Business or Occupation			

19. (a) Have you ever been arrested, indicted or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned or placed on probation in connection with such a proceeding, or have you ever been arrested or required to deposit bail or collateral for the violation of any law or regulation, civil or military (excluding traffic violations)?

Answer "Yes" or "No"

(b) If your answer is "Yes" under item 19 (a) above, attach separate sheet giving details of all arrests and fines other than minor traffic violations. Specify charge, date, place where arrested, and disposition.

20. State any other relevant facts. Include information regarding any residence or prolonged travel abroad, give dates, areas, purpose, etc. State any significant experience not included in Section 17 which you believe will serve in the evaluation of your record.

State any disabilities which might limit the performance of your work.
 (Appointment is subject to compliance with medical requirements.)

Having answered every question above, I, the undersigned, declare that the information contained in this form is, to the best of my knowledge, true, complete and accurate, knowing that, if employed, any false declaration or concealment of material facts may result in disciplinary action including dismissal.

Place and Date

Signature

PLEASE NOTE

Applications will not, as a general rule, be valid or retained by the Organization for more than one year from date of receipt. While you may rest assured that your candidature will be carefully examined, receipt of this form will not be acknowledged, and any further correspondence will be initiated by the Organization.