

INTERNATIONAL OIL POLLUTION COMPENSATION FUND 1992

PERSONAL HISTORY

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. Be sure to sign and date the form.

CANDIDATE MAY AFFIX PHOTOGRAPH HERE

1. Surname	First Name	Middle Name	Maiden Name
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2. (A) Present Residence (Specify City, Province or State, and Country)	(B) Length of Residence
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3. Mailing Address	Tel. No: Fax No: E-Mail:
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4. (A) Place of Birth	(B) Date of Birth	(C) Citizenship at Birth	(D) Present Citizenship
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5. Sex (Type x) Male <input type="checkbox"/> Female <input type="checkbox"/>	6. Marital Status (Type x) Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
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7. Have you any dependants? No Yes If answer is "Yes" give following information:

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship

8. Have you taken up legal residence status in any country other than that of your nationality?
No Yes
If answer is "Yes", which country?

9. Have you taken any legal steps towards changing your present nationality?
No Yes If answer is "Yes", explain fully.

10. Have you any near relatives who are employed by a public international organization? No Yes
If answer is "Yes" give following information:

Name	Relationship	International Organization

11. For what kinds of work do you wish to be considered?

12. FOR CLERICAL PURPOSES ONLY
Indicate speed in words per minute

	English	French	Spanish	Other languages
Typing				
Shorthand				

13. LANGUAGES (List mother-tongue first)	READ			WRITE			SPEAK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any special skills you possess and machines and equipment you can use:

14. Would you accept employment anywhere? Yes No If answer if "No" specify reservations:

21. 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. Use a separate block for each post. Use additional sheets of paper as required. Include service in the armed forces.

Dates		Salaries per annum (excl. allowances)		Exact title of your post
From	To	Starting	Final	Duty Station
				Type of Business

Name of Supervisor	Number and kind of employees supervised by you
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Name of Employer	Reason for leaving, if applicable
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Address of Employer

Description of your work

Dates		Salaries per annum (excl. allowances)		Exact title of your post
From	To	Starting	Final	Duty Station
				Type of Business

Name of Supervisor	Number and kind of employees supervised by you
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Description of your work

Dates		Salaries per annum (excl. allowances)		Exact title of your post
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Description of your work

Dates		Salaries per annum (excl. allowances)		Exact title of your post
From	To	Starting	Final	Duty Station
				Type of Business
Name of Supervisor				Number and kind of employees supervised by you
Name of Employer				Reason for leaving

Address of Employer

Description of your work

22. Have you any objections to our making inquiries of your present employer? Yes No

23. 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 21.

Full Name	Full Address (Telephone No. if known)	Business or Occupation

24. LEGAL CONVICTIONS (Includes all convictions other than those for minor violations of road traffic regulations)

Charge	Date	Where tried	Conviction

25. State any other relevant facts. Includes information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc. Also state any disabilities which might limit your field of work. Final appointment will be subject to a medical examination.

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 false statements or any required information withheld from this form may provide grounds for the withdrawal of any offer of appointment or summary dismissal if an appointment has been accepted.

Date: _____ Signature: _____