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| **Personal History Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Family name (surname)** | | | | | | | | | | | **2. First names** | | | | | | | | | | | | | | | | | | | | | **3. Maiden name, if applicable** | | | | | | | |
| **4. Date of Birth**  day month year | | | | **5. Place of birth** | | | | | | | | | | | **6. Nationality at birth** | | | | | | | | | **7. List all your current nationality(ies)** | | | | | | | | | | | | **8. Gender**  Male  Female | | | |
| **9. Marital status** Single  Married  Separated  Widow(er)  Divorced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.** Entry into United Nations service might require assignment and travel to any area of the world in which the United Nations might have responsibilities. Have you any disabilities which might limit your prospective field of work or your ability to engage in air travel?  No  Yes  If "yes" please describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. Permanent address** | | | | | | | | **12. Present address** if different from that indicated in box 11. | | | | | | | | | | | | | | | | | | **13. Office Telephone number**  Home/Mobile;  Work; | | | | | | | | | | | | | |
| Telephone No. | | | | | | | | Telephone No. | | | | | | | | | | | | | | | | | | **14. Personal and/or professional e-mail address:** | | | | | | | | | | | | | |
| **15.** Have you any dependents? Yes  No  if the answer is “Yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | Date of birth | | | | | | | Relationship | | | | | | | | | | | Name | | | | | | | | | Date of birth | | | | | | | | Relationship | |
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| **16.** Have you taken up legal permanent residence status in any country other than that of your nationality?  No  Yes  if “Yes”, which country(ies)? | | | | | | | | | | | | | | | | | | | | | | **17.** Have you taken any steps towards changing your present nationality?  No  Yes  if “Yes”, explain fully: | | | | | | | | | | | | | | | | | |
| **18.**  Are any of your family members (spouse/partner, father,/mother, brother/sister, son/daughter) employed in the UN common system, including UN Women? Yes  No  if answer is "yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | **Relationship** | | | | | | | | | | | | | | | | | | **Name of Organization** | | | | | | | | | | | | |
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| **19.** **Do you have any other (extended) family members in UN Women?** No  Yes  if answer is "yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | | | | | | | | | **Relationship** | | | | | | | | | | | | | | | | | | |
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| 20. Would you accept employment for less than six months? Yes  No | | | | | | | | | | | | | | | | | | | | | | 21. Have you been interviewed for any UN Women positions in the last 12 months? If so, for which post(s)? | | | | | | | | | | | | | | | | | |
| 22. **Languages - mother tongue 1st** | | Ability to operate in the listed language(s) in a work environment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Read** | | | | | | | | | | **Write** | | | | | | | | | | | **Speak** | | | | | | | | | | | **Understand** | | | | | |
|  | | none  limited  working knowledge  proficient | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | |
|  | | none  limited  working knowledge  proficient | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | |
|  | | none  limited  working knowledge  proficient | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | |
|  | | none  limited  working knowledge  proficient | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | |
|  | | none  limited  working knowledge  proficient | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | |
|  | | none  limited  working knowledge  proficient | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | |
| **23**. For support General Service level posts only, indicate if you passed the following tests:  ASAT – Administrative Support Assessment Test (formerly known as clerical test): No Yes  if “Yes”, date taken  UN Accounting Assistant Exam : No  Yes  No Yes  if “Yes”, date taken | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **24**. **EDUCATION**: Give full details - NB Please give exact titles of degrees in original language  A. List all institutions of learning attended since age 14 and diplomas/degrees or equivalent qualifications obtained (highest education first). Give the exact name of institution and title of degrees, diplomas, etc. (Please do not translate or equate to other degrees.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name, place and country** | | | | | **Attended From/To**  **Mo/Year Mo. /Year** | | | | | | | | | | | | | **Certificates, diplomas or degrees and academic distinctions obtained** | | | | | | | | | | | | | | | **Main course of study** | | | | | | |
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| B. **Post-qualification training courses / learning activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name, place and country** | | | | | **Type** | | | | | | | | | | | | **Attended From/To**  **Mo/Year Mo. /Year** | | | | | | | | | | | | | | | | **Certificates or**  **Diplomas obtained** | | | | | | |
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| C. **UN Language Proficiency Exams (if any)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| D. **UN Certification Programmes (if any)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **25. List membership of professional societies and activities in civic, public or international affairs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26. List any significant publications you have written (do not attach them) or any special recognition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **27. EMPLOYMENT RECORD:** Starting with your present post, list in reverse order every employment you have had. Use a separate block for each employment. Include also 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. Provide gross and **indicate denomination** salary per annum for your last or present post.  Have you already been issued a UN Index Number? No  Yes  If yes, please indicate this number:  Are you a current or former UNV? Yes  No  If yes, please indicate roster number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | Starting (gross) | | | | | | | | | | Final (gross) | | | |  | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | ALD/300 series  Continuing  SSA  Other | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  Email Add. and/or Telephone No. Of Supervisor: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | Number of Professional Staff Supervised:  Number of Support Staff Supervised: | | | | | | | | | | | | | | | | Reason for leaving: | | | |
| DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **PREVIOUS POSTS (IN REVERSE ORDER - I.E. MOST RECENT POSTS FIRST)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | | |  | | | | | | | | Final (gross) | | | |  | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | |
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| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  Email Add. and/or Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | |
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| DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month/Year | Month/Year | | | | | | |  | | | | | | | | Final (gross) | | | |  | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | |
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| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  Email Add. and/or Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | Number of Professional Staff Supervised:  Number of Support Staff Supervised: | | | | | | | | | | | | | | | | Reason for leaving: | | |
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| Month/Year | Month/Year | | | | | | |  | | | | | | | | Final (gross) | | | |  | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | ALD/300 series  Continuing  SSA  Other | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  Email Add. and/or Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | Number of Professional Staff Supervised:  Number of Support Staff Supervised: | | | | | | | | | | | | | | | | Reason for leaving: | | |
| DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FROM | TO | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | |  | | | | | | | | | Final (gross) | | | |  | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | |
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| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  Email Add. and/or Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | Number of Professional Staff Supervised:  Number of Support Staff Supervised: | | | | | | | | | | | | | | | | Reason for leaving: | | |
| DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month/Year | Month/Year | | | | |  | | | | | | | | | | Final (gross) | | | |  | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | |
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| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  Email Add. and/or Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | |
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| FROM | TO | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | |  | | | | | | | | | Final (gross) | | | |  | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | |
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| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  Email Add. and/or Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | Number of Professional Staff Supervised:  Number of Support Staff Supervised: | | | | | | | | | | | | | | | | Reason for leaving: | | |
| DESCRIPTION OF YOUR DUTIES AND RELATED ACCOMPLISHMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FROM | TO | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | | Starting (gross) | | | | | | | | | Final (gross) | | | |  | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | ALD/300 series  Continuing  SSA  Other | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  Email Add. and/or Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | Number of Professional Staff Supervised:  Number of Support Staff Supervised: | | | | | | | | | | | | | | | | Reason for leaving: | | |
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| FROM | TO | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | Starting (gross) | | | | | | | | Final (gross) | | | | | |  | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | ALD/300 series  Continuing  SSA  Other | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  Email Add. and/or Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | Number of Professional Staff Supervised:  Number of Support Staff Supervised: | | | | | | | | | | | | | | | | Reason for leaving: | | |
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| FROM | TO | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | | Starting (gross) | | | | | | | | | Final (gross) | | | |  | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | ALD/300 series  Continuing  SSA  Other | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  Email Add. and/or Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | |
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| 28. Have you any objections to our making inquiries of: (a) your present employer? No  Yes  ;  (b) previous employers? No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29. Are you now, or have you ever been, a permanent civil servant employee in your government?  No  Yes  If answer is "yes", WHEN? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30. References: list **three** persons not related to you who are familiar with your character and qualifications and who may be contacted for a reference | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | | | | | | FULL ADDRESS, including E-MAIL ADDRESS and TELEPHONE NUMBER | | | | | | | | | | | | | | | | | | | | | BUSINESS OR OCCUPATION | | | | | | | |
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| 31. State any other relevant facts in support of your application. Include information regarding any residence outside the country of your nationality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32. Have you ever been arrested, indicted or summoned in court as a defendant in a criminal proceeding, or convicted, fined, or imprisoned for violation of any law (excluding minor traffic violations)?  No  Yes  If “Yes” Please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. Have you ever been or are you currently the subject of an investigation into allegations of misconduct or wrongdoing, including though not limited to harassment (including sexual harassment), sexual exploitation and abuse, discrimination, fraud and abuse of authority?  No  Yes  If “Yes” Please specify the conduct(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Have you ever been or are you currently subject to disciplinary proceedings?  No  Yes  If “Yes” Please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. Have you ever been found to have committed misconduct or wrongdoing in the workplace, including though not limited to harassment (including sexual harassment), sexual exploitation and abuse, discrimination, fraud and abuse of authority?  No  Yes  If “Yes” Please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36. Have you ever been dismissed or separated from service from the UN system?  No  Yes  If “Yes” Please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37. 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 the UN Women Personal History Form may lead to the termination of the appointment or to dismissal. I understand this also applies to any other information or document requested by the Organization for the purpose of my recruitment to and employment with UN Women.  **DATE**:       **SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** You may be requested to provide documentary evidence of the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the originals of any references, testimonials or certificates of academic achievement unless they have been obtained for the sole use of UN Women. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |