

INTERNATIONAL ORGANIZATION FOR MIGRATION

17, Route des Morillons P.O. Box 71 CH - 1211 GENEVA 19 SWITZERLAND

relevant position title and vacancy number: Applications must be filed in one of

If you are applying for a specific **Vacancy Notice**, please quote

PERSONAI

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. 1. A) Surname B) List any other names used 2. A) Permanent Address		HISTORY First Name Middle Name			ATTACH PHOTOGRAPH HERE Maiden Name, if any B) Telephone No.					
3. A) Present Residence (Specify Ci	ty, Province	or State, Coun	itry)		B) Since (d	ate)	Until (antic	ipated date)	C) Telej	phone No.
D) E-mail address (1)					E) E-mail ac	ddress (2), if	applicable			
4. A) Place of Birth (If Swiss, canton and origin)		B) Date of I	Birth		C) Citizens	hip at Birth		D) F	resent Citize	enship
E) Passport or Identity Card No.				Date of	Issue/Date o	of Expiry		Plac	e of Issue (ir	ı full)
5. Sex (Check)		6. Marital S	status (Chec	ck)						
Male Fem	nale	Single		Married		Widow(er)	<u> </u>	Divorced	S	Separated
7. Have you any depedents?		Yes		No		If answer is	"Yes" give f	ollowing info	rmation:	
Name	Age	Relati	onship		Name		Age		Relationship)
8. LANGUAGES										
(List mother tongue first)			DELD		1	WID ITE			app i ir	
Language		Excellent	READ Good	Poor	Excellent	WRITE Good	Poor	Excellent	SPEAK Good	Poor
					I	I	1			D 1 64

	Name and Pla	ce		Туре			attended	Certificates, diplomas, degrees
				2,750		From	То	academic distinctions obtained
). A) Indicate spec	ed in words per m	inute (if appl	licable)					s you possess and machines and
				Other Lang	uages	equipment y	ou can use	
horthand	English	French	Spanish					
yping	ıd							
List activities in	civic, public or i	nternational	affairs and name	e any significant pub	olications you	have written.		
3. For what kind o	f work do you wis	sh to be cons	sidered?					
4. A) Are you wil	ling to accept a po	ost requiring	travel?					
B) Would you a	ccept short term e	employment	?					
C) Would you a	ccept an emergen	cy field assi	gnment at short	notice?				
	zour being selecte	d. how much	notice would y	ou need before appo	ointment?			
5. In the event of y	our being sciecte	u, 110 // 111uu						
5. In the event of y	your being selecte	u, 110 11 111uci	·					
5. In the event of y	our being serecte	u, 110 11 11 11 11 11 11 11 11 11 11 11 11	·					
5. In the event of y	our being sciecte							

			rder each activity in which you have been engaged accounting
	me. List military servic neets if necessary.	ee and any period of unemployment of more the	han six months' duration. Use a separate block for each period
	ecent occupation		Description of duties and responsibilities
	Dates	Annual emoluments:	Description of duties and responsionates
From To		Salary	
		Allowances	
		Total	
Business or orga	nization (name and addr	ess, including city)	
Title of your pos occupation	t or	Name of Supervisor	
Number and kind	d of employees supervise	ed by you	
Personal address	during this period		
Reason for leaving	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 pos occupation	t or	Name of Supervisor	
Number and kind	d of employees supervise	ed by you	
Personal address	during this period		
Reason for leaving	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 pos occupation	t or	Name of Supervisor	
Number and kind	d of employees supervise	ed by you	
Personal address	during this period		
Reason for leaving	ng		

		g with your present occupation, list in reverse or e and any period of unemployment of more th	rder each activity in which you have been engagedaccounting han six months' duration. Use		
Present or most re-	cent occupation		Description of duties and responsibilities		
	Dates	Annual emoluments:			
From (month/year)	To (month/year)	Salary			
		Allowances			
		Total			
Business or organi	ization (name and addr	ess, including city)			
Title of your post occupation	or	Name of Supervisor			
Number and kind	of employees supervise	ed by you			
Personal address d	luring this period				
Reason for leaving	7				
	Dates	Total annual emoluments:	Description of duties and responsibilities		
From (month/year)	To (month/year)				
Business or organi	ization (name and addr	ess, including city)			
Title of your post occupation	or	Name of Supervisor			
Number and kind	of employees supervise	ed by you			
Personal address d	luring this period				
Reason for leaving	or o				
	Dates	Total annual emoluments:	Description of duties and responsibilities		
From (month/year)	To (month/year)				
Business or organi	ization (name and addr	ess, including city)			
Title of your post occupation	or	Name of Supervisor			
Number and kind	of employees supervise	ed by you			
Personal address d	luring this period				
Reason for leaving	J				

		g with your present occupation, list in reverse or e and any period of unemployment of more th	rder each activity in which you have been engagedaccounting han six months' duration. Use		
Present or most re-	cent occupation		Description of duties and responsibilities		
	Dates	Annual emoluments:			
From (month/year)	To (month/year)	Salary			
		Allowances			
		Total			
Business or organi	ization (name and addr	ess, including city)			
Title of your post occupation	or	Name of Supervisor			
Number and kind	of employees supervise	ed by you			
Personal address d	luring this period				
Reason for leaving	7				
	Dates	Total annual emoluments:	Description of duties and responsibilities		
From (month/year)	To (month/year)				
Business or organi	ization (name and addr	ess, including city)			
Title of your post occupation	or	Name of Supervisor			
Number and kind	of employees supervise	ed by you			
Personal address d	luring this period				
Reason for leaving	or o				
	Dates	Total annual emoluments:	Description of duties and responsibilities		
From (month/year)	To (month/year)				
Business or organi	ization (name and addr	ess, including city)			
Title of your post occupation	or	Name of Supervisor			
Number and kind	of employees supervise	ed by you			
Personal address d	luring this period				
Reason for leaving	J				

8. References: List three parties and the state of the st	persons not related to you who are familiar with your cha	aracter and qualifications. Do not repeat names of supervisors listed
Name in full	Complete Address (Telephone No. if known)	Business or Occupation
		
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	+ + +	
n probation in connection		nt in a criminal proceeding, or convicted, fined or imprisoned or placed or required to deposit bail or collateral for the violation of any law or
	Answer "Yes" or "No"	
(b) If your answer is "Y harge, date, place where a		details of all arrests and fines other than minor traffic violations. Specify
0. State any other relevan		rolonged travel abroad, give dates, areas, purpose, etc. State any e evaluation of your record.
		,
		.
21 State any disabilities w	which might limit the performance of your work.	
	compliance with medical requirements.)	
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n yaya harawara azir.	42bases I the understand declare that the inform	nation contained in this form is, to the best of my knowledge, true,
		mation contained in this form is, to the best of my knowledge, true, ment of material facts may result in disciplinary action including
Place and Date	Signature	1
	PLEASE NOT	TE
		more than one year from date of receipt. While you may rest assured that vledged, and any further correspondence will be initiated by the