

<h1 style="margin: 0;">CIRDAP</h1> <p style="margin: 0; text-align: center;">CENTRE ON INTEGRATED RURAL DEVELOPMENT FOR ASIA AND THE PACIFIC</p> <h2 style="margin: 0;">PERSONAL HISTORY FORM</h2> <p style="text-align: center; margin: 10px 0;">APPLICATION FOR EMPLOYMENT</p> <p style="font-size: small; margin: 0;">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.</p>					<p style="margin: 0;">C A N D I D A T E T O</p> <p style="margin: 0;">A F F I X P H O T O G R A P H H E R E</p>				
<p>1. Family Name First Name Middle Name Maiden Name</p>									
<p>2. (A) Present Resident (Specify City Province or State, and Country)</p>				<p>(B) Length of Present Residence</p>					
<p>3. Mailing Address</p>									
<p>4. (A) Place of Birth</p>		<p>(B) Date of Birth (<i>Day, Month, Year</i>)</p>		<p>(C) Citizenship at Birth</p>		<p>(D) Present Citizenship</p>			
<p>5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p>		<p>6. Marital Status (Check) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow (er) <input type="checkbox"/> Divorced <input type="checkbox"/> Separated </p>							
<p>7. Have you any dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "Yes" give the following Information:</p>									
<p style="text-align: center;">Name</p>		<p style="text-align: center;">Date of Birth</p>	<p style="text-align: center;">Relationship</p>	<p style="text-align: center;">Name</p>		<p style="text-align: center;">Date of Birth</p>	<p style="text-align: center;">Relationship</p>		
<p>8. Have you taken up legal residence status in any country other than that of your nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "Yes", which country? </p>			<p>9. Have you taken any legal steps towards changing your present nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "Yes", explain fully: </p>						

<p>10. LANGUAGES (List mother tongue first)</p>	READING				WRITING				SPEAKING			
	Excellent	Good	Fair	Slight	Excellent	Good	Fair	Slight	Excellent	Good	Fair	Slight

<p>11. Employment by the Organization may require assignment and travel to any area. Have you any disabilities or reservations which may restrict your activities in this respect? If answer is "Yes", specify reasons: <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
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(A) University or equivalent

[illegible]

(B) Schools or other formal education or training from age 14 (e.g. High school or apprenticeship).

[illegible]

13. List professional societies, and activities in civic, public, or international affairs :

[illegible]

14. List any significant publications you have written (do not attach).

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

15. **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 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 force.

Dates		Salaries per annum (Excl. Allowance)		Exact title of your post
From	To (present)	Starting	Present	Duty Station
Name of Supervisor			Allowance. etc. +	Type of Business
Name of Employer			Total tax -	Number and kind of employees supervised by you
Address of Employer			Net Salary =	Reason for leaving, if applicable

Description of your work :				
Dates		Salaries per annum (Excl. Allowance)		Exact title of your post
From	To	Starting	Final	Duty Station
Name of Supervisor				Type of Business
Name of Employer				Number and kind of employees supervised by you
Address of Employer				Reason for leaving.
Description of your work :				
Dates		Salaries per annum (Excl. Allowance)		Exact title of your post
From	To	Starting	Final	Duty Station
Name of Supervisor				Type of Business
Name of Employer				Number and kind of employees supervised by you
Address of Employer				
Description of your work:				
Dates		Salaries per annum (Excl. Allowance)		Exact title of your post
From	To (present)	Starting	Final	Duty Station
Name of Supervisor				Type of Business
Name of Employer				Number and kind of employees supervised by you
Address of Employer				Reason for leaving.
Description of your work :				

<p>16. Have you any objections to our making inquiries of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. 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 15</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Full Name</th> <th style="width: 33%;">Full Address(Telephone No. if Known)</th> <th style="width: 34%;">Business of Occupation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>18. LEGAL CONVICTIONS (Include all convictions other than those for minor violations of road traffic regulations)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Charge</th> <th style="width: 16%;">Date</th> <th style="width: 21%;">where tried</th> <th style="width: 30%;">Conviction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>19. State other relevant facts. Include information regarding any residence of 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 physical examination.</p>				Full Name	Full Address(Telephone No. if Known)	Business of Occupation																Charge	Date	where tried	Conviction												
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Charge	Date	where tried	Conviction																																		
<p>I attest that I have read and understand the policies and procedure stated in the application form. I agree to background check on my employment, educational information and degree earned including criminal record and eligibilities.</p>																																					
<p>Date:</p>		<p>Signature:</p>																																			