

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
2. (A) Present Residence (Specify City, Province or State, and Country)			(B) Length of Residence

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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "Yes", which country?	9. Have you taken any legal steps towards changing your present nationality? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "Yes", explain fully.
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10. Have you any near relatives who are employed by a public international organization? No <input type="checkbox"/> Yes <input type="checkbox"/> 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			List any special skills you possess and machines and equipment you can use:
	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"/>	

14. Would you accept employment anywhere? Yes <input type="checkbox"/> No <input type="checkbox"/> If answer if "No" specify reservations:
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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:		