



## FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

Viale delle Terme di Caracalla, 00153 - ROME, ITALY

## PERSONAL HISTORY FORM

INSTRUCTIONS: Please answer each question clearly and completely. Read carefully and follow all directions. Pls. use tab key to move to next field. If you need more space, attach additional pages of the same size. Be sure to sign and date the form.

CANDIDATE TO  
AFFIX PHOTOGRAPH  
HERE

1. Family name		First name		Middle name		Maiden name									
2. Present residence (specify city, province or state and country)						3. Length of present residence		8. Telephone							
4. Mailing address								9. Fax (if any)							
5. Place of birth		6. Date of birth (day, month, year)		7. Present nationality(ies)		10. E-mail (if any)									
11. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		12. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)													
13. Language (List mother tongue first)  YOU MAY BE TESTED IN THESE LANGUAGES		READ				WRITE				SPEAK				14. For secretarial/clerical grades only, indicate speed in words per minute.  Typing Shorthand	
		Excel- lent	Good	Fair	Slight	Excel- lent	Good	Fair	Slight	Excel- lent	Good	Fair	Slight		
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

15. Please indicate the language for correspondence ☐ English ☐ French ☐ Spanish

16. Indicate your professional (working) fields of expertise from the following sectors and job titles

<input type="checkbox"/> Accounting/Audit/Financial Management	<input type="checkbox"/> Food security/Food aid	<input type="checkbox"/> Project analysis and evaluation
<input type="checkbox"/> Agricultural finance/Credit/Investment	<input type="checkbox"/> Forestry	<input type="checkbox"/> Publishing/Media/Writing/Public information
<input type="checkbox"/> Agricultural policy	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Research and development
<input type="checkbox"/> Agriculture/Agronomy	<input type="checkbox"/> Human resources/Personnel management	<input type="checkbox"/> Rural development and agrarian reform
<input type="checkbox"/> Agro-industries/Post harvest systems	<input type="checkbox"/> Legal	<input type="checkbox"/> Secretary/Stenographer/Clerical
<input type="checkbox"/> Commodities and trade	<input type="checkbox"/> Librarian/Document systems	<input type="checkbox"/> Sociology
<input type="checkbox"/> Computer sciences/Information systems	<input type="checkbox"/> Livestock/Veterinary	<input type="checkbox"/> Soils sciences and land management
<input type="checkbox"/> Economics/Econometrics	<input type="checkbox"/> Management/Administration/Conference	<input type="checkbox"/> Statistics
<input type="checkbox"/> Education/Extension/Training	<input type="checkbox"/> Marketing	<input type="checkbox"/> Translator/Interpreter/Verbatim reporter
<input type="checkbox"/> Engineering/Mechanization	<input type="checkbox"/> Medical	<input type="checkbox"/> Water resource management
<input type="checkbox"/> Environmental sciences	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Women in development
<input type="checkbox"/> Farm management/Farming systems	<input type="checkbox"/> O&M/Institutions/Development management	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Fisheries	<input type="checkbox"/> Plant Production and protection	

17. For what kind of work do you wish to be considered

18. If responding to a Vacancy Announcement, please quote the number

Please submit one application for each Vacancy Announcement

19. Computer skills ☐ Excellent ☐ Good ☐ Fair ☐ Slight

Briefly indicate the computer packages that you normally use

**PLEASE NOTE THAT IN EVALUATING YOUR CANDIDATURE FAO RESERVES THE RIGHT TO APPROACH YOUR PREVIOUS EMPLOYER(S) FOR REFERENCES. IT IS NOT OUR POLICY TO APPROACH YOUR PRESENT EMPLOYER AT THE EVALUATION STAGE UNLESS YOU EXPRESSLY AUTHORIZE THIS.**

HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? ☐ Yes ☐ No

**PLEASE NOTE, HOWEVER, THAT BEFORE MAKING AN OFFER OF EMPLOYMENT FAO IS REQUIRED TO CONTACT BOTH YOUR PRESENT AND PREVIOUS EMPLOYERS.**

I certify that the statements made by me are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or any required information that is withheld from this form may provide grounds for the withdrawal of any offer of appointment or dismissal if an appoint has been accepted.

Date Signature

**Your application for employment, if found useful to our overall programme, will be retained on our roster for a maximum period of 24 months**

20. Education: give full detail  
(A) University or equivalent. You maybe required to furnish proof of degree obtained. DO NOT ENCLOSE WITH THIS FORM.

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Name and place	Years attended		Degrees and academic distinctions obtained	Main subjects
	From	To		

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

Name and place	Years attended		Certificates, diplomas obtained	Type
	From	To		

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. PLEASE NOTE THAT, BEFORE ANY OFFER OF APPOINTMENT IS MADE TO YOU, FAO WILL CONTACT YOUR PRESENT AND PREVIOUS EMPLOYERS FOR WORK REFERENCES. IF THERE ARE OTHER WORK-RELATED REFERENCES YOU WISH TO HAVE TAKEN INTO ACCOUNT, PLEASE INDICATE.

Dates		Exact title of your post	Salary per annum (Excluding allowances)	
From	To		Starting	
Name of supervisor		Duty station	Present	
Name of employer			Type of business	Allowances, etc.
Address of employer		Number and kind of employees supervised by you	+	
			Total tax (estimated)	
		Reason for leaving, if applicable	-	
Net salary				
Telephone Fax (if any) E-mail (if any)			=	

DESCRIPTION OF YOUR WORK
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Dates		Exact title of your post	Salary per annum (Excluding allowances)	
From	To			
Name of supervisor		Duty station	Starting	
			Final	
Name of employer		Type of business		
Address of employer   Telephone Fax (if any) E-mail (if any)		Number and kind of employees supervised by you		
		Reason for leaving, if applicable		
DESCRIPTION OF YOUR WORK				
Dates		Exact title of your post	Salary per annum (Excluding allowances)	
From	To			
Name of supervisor		Duty station	Starting	
			Final	
Name of employer		Type of business		
Address of employer   Telephone Fax (if any) E-mail (if any)		Number and kind of employees supervised by you		
		Reason for leaving, if applicable		
DESCRIPTION OF YOUR WORK				
Dates		Exact title of your post	Salary per annum (Excluding allowances)	
From	To			
Name of supervisor		Duty station	Starting	
			Final	
Name of employer		Type of business		
Address of employer   Telephone Fax (if any) E-mail (if any)		Number and kind of employees supervised by you		
		Reason for leaving, if applicable		
DESCRIPTION OF YOUR WORK				

22. List membership in any professional societies and activities in civic, public or international affairs

23. List any significant publications you have written. PLEASE DO NOT ENCLOSE

24. Have you any dependants? ☐ Yes ☐ No If answer is "Yes", give the following information

Name	Date of birth	Relationship	Name	Date of birth	Relationship

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

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

27. Are you currently working for an international organization? ☐ Yes ☐ No  
If answer is "Yes", which organization?

28. Have you any relatives who are employed by a public international organization? ☐ Yes ☐ No  
If answer is "Yes", give the following information

Name	Relationship	Organization

29. Employment by the Organizations may require assignment and travel to any area.  
Have you any disabilities or reservations that may restrict your activities in this respect? ☐ Yes ☐ No  
If answer is "Yes", explain fully

30. Would you accept short-term employment? ☐ Yes ☐ No  
If answer is "Yes", indicate ☐ 1 to 3 months ☐ 3 to 6 months ☐ 6 to 12 months

31. May we refer this Personal History Form to another United Nations agency if appropriate? ☐ Yes ☐ No

32. Have you previously submitted an application for employment with an international organization? ☐ Yes ☐ No

33. Are you under any obligation to return/stay in the service of your government or other public sector employer in recognition of sponsored training or education? ☐ Yes ☐ No

34. Legal convictions (include all convictions other than those for minor violations of road traffic regulations)

Charge	Date	Where tried	Conviction

35. State any other relevant facts. Include information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc.  
Also state any disability that might limit your field of work. Final appointment will be subject to a physical examination.