



PERSONAL HISTORY FORM

Please answer each questions clearly and completely.

Type or print in ink.

Read carefully and follow all directions.

1. Family name		First name		Other names		Maiden Name		
2. Date of birth (D/M/Y)		3. Country of birth		4. Nationality/ies at birth		5. Present nationality/ies		
6. Sex M <input type="checkbox"/> F <input type="checkbox"/>		7. Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/>						
8. Permanent address:			9. Present address:			10. Telephone no. during working hours:		
Telephone:			Telephone:			Fax:		
Fax:			Fax:			E-mail:		
E-mail:			E-mail:			E-mail:		
11. Have you taken up legal residence status in any country other than that of your nationality If "yes", in which country?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		
12. Have you taken any legal steps towards changing your present nationality If "yes", explain fully:				Yes <input type="checkbox"/>		No <input type="checkbox"/>		
13. Have you any dependants? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", give the following information:								
Name		Age	Relationship		Name		Age	
14. KNOWLEDGE OF LANGUAGES. Indicate your first language; if not the same, indicate also mother tongue:								
Other languages	Read		Write		Speak		Understand	
	Easily	Not easily	Easily	Not easily	Fluently	Not fluently	Easily	Not easily
	<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. COMPUTER SKILLS. Knowledge of different software packages								
Software/Programme	None		Basic		Good		Excellent	
Microsoft Word	<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"/>	
<p>To the governments concerned: Please submit completed form to the Secretariat, Advisory Centre on WTO Law (ACWL), Avenue Giuseppe-Motta 31-33, C.P. 132, 1211 Geneva 20, Switzerland. Fax +41-22-919 21 22. E-mail: info@acwl.ch</p>								

From Month/Year	To Month/Year	Salary per annum		Exact title of your post:
		Starting	Final	
Name of employer:			Type of activity:	
Address and telephone of employer:			Name of supervisor:	
			Number and kind of employees supervised by you:	Reason for leaving:
DESCRIPTION OF YOUR DUTIES				
19. Have you any objections to our making inquiries of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
20. Have you any objections to our sharing this form with other international organizations? Yes <input type="checkbox"/> No <input type="checkbox"/>				
21. REFERENCES: List three persons, not related to you , who are familiar with your character and qualifications. <i>Do <u>not</u> repeat names of supervisors listed under item 24.</i>				
FULL NAME		FULL ADDRESS		OCCUPATION
22. State any other relevant facts, including membership in professional societies. Include information regarding any residence outside the country of your nationality.				
23. Appointment is subject to a satisfactory medical examination and might entail travel to any area of the world. Have you any disabilities which might limit your work or your ability to engage in air travel? No <input type="checkbox"/> Yes <input type="checkbox"/> Explain: _____				
24. Have you ever been arrested, indicted, or summoned into a court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)? No <input type="checkbox"/> Yes <input type="checkbox"/> If "yes", give full particulars of each case in an attached statement.				
25. 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 misrepresentations or material omission made on a Personal History form or other document requested by the ACWL renders a staff member of the AWCL liable to dismissal.				
Date: _____		Signature: _____		

N.B. *You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the ACWL and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the ACWL.*