

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				
25. Have you any objections to our making inquiries of your present employer?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Have you any objections to our sharing this form with other international organizations?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Are you now, or have you ever been, a permanent civil servant in your government's employ? If "yes", when?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. 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
29. State any other relevant facts, including membership in professional societies. Include information regarding any residence outside the country of your nationality.				
30. 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: _____				
31. 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.				
32. 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 WTO renders a staff member of WTO 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 Organization 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 Organization.*