



WORLD
METEOROLOGICAL
ORGANIZATION

Do not write in this space

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.

PLEASE ATTACH A RECENT PHOTOGRAPH HERE.

1. Family name (capitals) First name Middle name Maiden name (if applicable)

2. (A) Present residence (**complete address, country, E-mail & tel./fax no(s)**) (B) Since (date) (C) Until (anticipated date)

3. Permanent residence (complete address, country, E-mail & tel./fax no(s))

4. (A) Place of birth (B) Date of birth (C) Citizenship at birth (D) Present citizenship

5. Sex (check one)
Male Female

6. Marital status (check one)
Single Married Widow(er) Divorced Separated

7. Have you any dependants? Yes No If answer is "Yes", give following information:

Name	Date of birth	Relationship	Name	Date of birth	Relationship

8. Have you any near relatives who are employed by WMO or any other public international organization? Yes No
If answer is "Yes", give following information:

Name	Relationship	International Organization

9. Knowledge of languages: indicate your first language; if not the same, indicate also your mother tongue:

Other Languages	Read and understand			Write			Speak		
	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"/>

10. For secretarial positions only. Indicate speed in words per minute.

11. For all applicants : Computer skills and office machines you can use

	English	French	Spanish	Other languages	Software (spreadsheets, databases, word-processing)	Length of experience in using software (in months)
Typing						
Shorthand						
Dictaphone						

Check appropriate box	Yes	No	
12. Appointment is subject to 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?	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
13(A) Would you accept short-term employment?	<input type="checkbox"/>	<input type="checkbox"/>	(B) If answer is "Yes", indicate: 1 to 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/>
14(A) Have you previously submitted an application for employment with an international organization?	<input type="checkbox"/>	<input type="checkbox"/>	(B) If answer is "Yes", indicate: Organization _____ Date _____

15. EDUCATION: Give full details, in reverse order starting from most recent education.

(A) University or equivalent :

Name and place	Years attended		Degrees and Academic distinctions	Main subjects
	From	To		

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

Name and place	Type	Years attended		Certificates or Diplomas obtained
		From	To	

16. EMPLOYMENT RECORD: Starting with your present post, list *in reverse order* every employment you have had and any significant experience 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 forces and any period during which you were not gainfully employed.

Present or most recent post				Description of your work
From	To	Salaries per annum		
(month/year)	(month/year)	Starting	Most recent	
Exact title of your post and grade				
Name of employer				
Type of business/activity				
Address of employer + tel. number				
Name of supervisor				
Number and kind of employees supervised by you				
Reason for leaving				

From (month/year)	To (month/year)	Salaries per annum		Description of your work
		Starting	Final	
Exact title of your post and grade				
Name of employer				
Type of business/activity				
Address of employer + tel. number				
Name of supervisor				
Number and kind of employees supervised by you				
Reason for leaving				
From (month/year)	To (month/year)	Salaries per annum		Description of your work
		Starting	Final	
Exact title of your post and grade				
Name of employer				
Type of business/activity				
Address of employer + tel. number				
Name of supervisor				
Number and kind of employees supervised by you				
Reason for leaving				
From (month/year)	To (month/year)	Salaries per annum		Description of your work
		Starting	Final	
Exact title of your post and grade				
Name of employer				
Type of business/activity				
Address of employer + tel. number				
Name of supervisor				
Number and kind of employees supervised by you				
Reason for leaving				
17. Have you any objections to our making enquiries with your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				

18. Have you ever been arrested, indicted or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations) ? Yes No

If answer is "Yes", give full particulars of each case in an attached statement.

19. 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 16.).

Full name & title (Mr, Ms, Dr, Prof.)	Full address (Telephone no. & E-mail)	Business or occupation
1.		
2.		
3.		

20. Are you applying for a specific vacancy? Yes No

If yes, please indicate: (a) title of the post

(b) Vacancy Notice No.

(c) deadline for applications

If no, for what kinds of work do you wish to be considered?

21. In the event of your being selected, how much notice would you need before taking up an appointment ?

22. State any other facts which, in your opinion, might help in evaluating your application (e.g. professional or residential stays abroad, activities of an international character, significant publications (please do not attach), membership of professional associations, etc.)

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 WMO renders a staff member of WMO liable to dismissal.

Place and date

Signature _____

You will be requested to supply documentary evidence that supports the above statements. DO NOT, however, send any documents until you have been requested to do so by the Organization.

Postal address of the WMO: P.O. Box 2300, CH-1211 Geneva 2, Switzerland

Fax: (+41-22) 730 81 81

E-mail : recruitment@wmo.int