



International Organization for Migration (IOM)
The UN Migration Agency

Philippines Country Office
28th Floor. BDO Towers Valero Condominium. Paseo de
Roxas. Makati City, Philippines

**PERSONAL
HISTORY**

ATTACH
PHOTOGRAPH
HERE

If you are applying for a specific **Vacancy Notice**, please quote relevant position title and vacancy number:
Applications must be filed in one of IOM's official languages (English, French or Spanish). Applications in other languages may be rejected. Make sure you **complete all four pages** of the personal history form.

| | | | | | | | |
|--|--|------------------|------------------------------|--|--|-------------------------------|-------------------------------|
| 1. A) Surname | | First Name | | Middle Name | | Maiden Name, if any | |
| B) List any other names used | | | | | | | |
| 2. A) Permanent Address | | | | | | B) Telephone No. / Mobile No. | |
| 3. A) Present Residence (Specify City, Province or State, Country) | | | | B) Since (date) | | Until (anticipated date) | C) Telephone No. / Mobile No. |
| D) E-mail address (1) and MS Teams Username | | | | E) E-mail address (2), if applicable | | | |
| 4. A) Place of Birth (If Swiss, canton and origin) | | B) Date of Birth | | C) Citizenship at Birth | | D) Present Citizenship | |
| E) Passport or Identity Card No. | | | Date of Issue/Date of Expiry | | | Place of Issue (in full) | |
| 5. Gender (Check) Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> | | | | 6. Marital Status (Check) Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> | | | |

| | | | | | | | |
|-----------------------------|-----|--|------|--|--------------|--|--|
| 7. Have you any dependents? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | If answer is "Yes" give following information: | | | |
| Name | Age | Relationship | Name | Age | Relationship | | |
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|--|-----------|------|------|-----------|------|------|-----------|------|------|
| 8. LANGUAGES (List mother tongue first) | | | | | | | | | |
| Language | READ | | | WRITE | | | SPEAK | | |
| | Excellent | Good | Poor | Excellent | Good | Poor | Excellent | Good | Poor |
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9. EDUCATION: Give full details, using the following space in so far as it is appropriate of schools or other formal training or education from age 14 (e.g. high school, technical school, apprenticeship, university or its equivalent):

| Name and Place | Type | Years attended | | Certificates, diplomas, degrees or academic distinctions obtained |
|----------------|------|----------------|----|---|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | | | | | |
|---|---------|--------|---------|---|--|--|-----------------|--|
| 10. A) Indicate speed in words per minute (if applicable) | | | | B) List any special skills you possess and machines and equipment you can use | | | | |
| | English | French | Spanish | | | | Other Languages | |
| Shorthand | | | | | | | | |
| Typing | | | | | | | | |

11. List all organizations with which you are or have been affiliated. This list is to include all affiliations, whether social, professional, fraternal, etc.

12. List activities in civic, public or international affairs and name any significant publications you have written.

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

14. A) Are you willing to accept a post requiring travel?
 B) Would you accept short term employment?
 C) Would you accept an emergency field assignment at short notice?

15. In the event of your being selected, how much notice would you need before appointment?

16. Have you any objections to our making inquiries of your present employer? Yes No

17. EMPLOYMENT RECORD : Starting with your present occupation, list in reverse order each activity in which you have been engaged, **accounting fully for your time. List military service and any period of unemployment of more than six months' duration.** Use a separate block for each period and additional sheets if necessary.

| Present or most recent occupation | | | Description of duties and responsibilities | |
|---|-------------------------|---|--|--|
| Dates | | Annual emoluments: Salary Allowances Total | | |
| From (month/date/year) | To (month/date/year) | | | |
| Business or organization (name and address, including city) | | | | |
| Title of your post or occupation | | Name of Supervisor | | |
| Number and kind of employees supervised by you | | | | |
| Personal address during this period | | | | |
| Reason for leaving | | | | |
| Dates | | Total annual emoluments: Salary Allowances Total | | Description of duties and responsibilities |
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18. 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 17.

| Name in full | Complete Address (Telephone No. if known) | Business or Occupation |
|--------------|---|------------------------|
| | | |
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19. (a) Have you ever been arrested, indicted or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned or placed on probation in connection with such a proceeding, or have you ever been arrested or required to deposit bail or collateral for the violation of any law or regulation, civil or military (excluding traffic violations)?

 Answer "Yes" or "No"

(b) If your answer is "Yes" under item 19 (a) above, attach separate sheet giving details of all arrests and fines other than minor traffic violations. Specify charge, date, place where arrested, and disposition.

20. Have disciplinary measures, including dismissal or separation from service, ever been imposed on you for (allegations of) fraudulent, collusive, coercive, obstructive or unethical practices, misconduct, harassment, sexual harassment, abuse of authority, sexual exploitation or sexual abuse, retaliation, or poor or inadequate performance? Have you resigned while under investigation or during disciplinary proceedings? Are you subject to an ongoing investigation?

 Answer "Yes" or "No"

(b) If your answer is "Yes" under item 20 (a) above, attach separate sheet giving details.

21. Do you have any relatives currently working for IOM? Do any of your relatives work for a donor, vendor, government, third party contractor or any other organization associated with IOM and is engaged with IOM in any capacity? (*Definition of relatives: father, mother, son, daughter, brother, sister, step-father, step-mother, step-son, step-daughter, step-brother, stepsister, aunt, uncle, nephew, niece, cousin, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparents, grandchildren, Spouses (which includes partners and unmarried relationships, cohabitation arrangements)*)

 Answer "Yes" or "No"

(b) If your answer is "Yes" under item 21 (a) above, please indicate name of relative(s), position, organization, location, and nature of relationship.

22. State any other relevant facts. Include information regarding any residence or prolonged travel abroad, give dates, areas, purpose, etc. State any significant experience not included in Section 17 which you believe will serve in the evaluation of your record.

23. State any disabilities which might limit the performance of your work. (Appointment is subject to compliance with medical requirements.)

Having answered every question above, I, the undersigned, declare that the information contained in this form is, to the best of my knowledge, true, complete and accurate, knowing that, if employed, any false declaration or concealment of material facts may result in disciplinary action including dismissal.

Place and Date _____

Signature _____

PLEASE NOTE

Applications will not, as a general rule, be valid or retained by the Organization for more than one year from date of receipt. While you may rest assured that your candidature will be carefully examined, receipt of this form will not be acknowledged, and any further correspondence will be initiated by the Organization.