



Attach
recent
photograph
here

Information given should be clear, concise and accurate. DO NOT USE ABBREVIATIONS – their significance may not be known on a world-wide basis.

If your candidature is being considered for an ITU expert post, a photocopy of EXP/1 (but not EXP/CONF) may be sent to the requesting Government, which latter makes the final selection. PLEASE THEREFORE COMPLETE THIS FORM IN TYPESCRIPT (or failing that print clearly in black ink) to facilitate reproduction.

PLEASE CONFINE THE DESCRIPTION OF YOUR QUALIFICATIONS/EXPERIENCE TO THE FOUR PAGES OF EXP/1 (*only* publications may be listed on a supplementary sheet if the space allotted is insufficient).

LANGUAGE: If you are applying for a post stipulating English, French or Spanish as ESSENTIAL, please complete the appropriate form in the *required language*. Bilingual or trilingual candidates will complete a set of this form in each language.

CONFIDENTIAL – FOR USE EXCLUSIVELY AT ITU HEADQUARTERS

1 Family name (surname)		First/other names			Mr/Mrs/Miss	Maiden name if any
Present nationality		Date of birth	Day	Month	Year	Place and country of birth
Passport details	No.	Place and date of issue			Date of expiry	
Has your nationality ever been changed or is it in the process of being changed?	<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)					
Private address					Tel: Fax:	
Permanent address (if different from above)					Tel: Fax:	
Professional address					Tel: Fax:	
MARITAL STATUS <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow(er) <input type="checkbox"/> separated <input type="checkbox"/> divorced						

2 What do you consider as your specialization?		If you apply for a vacancy announcement state number or reference
Would you accept employment for less than six months? <input type="checkbox"/> one year? <input type="checkbox"/> more than one year? <input type="checkbox"/>		
If you were offered a post, how soon could you report for duty?		
Employment by the ITU may require assignment and travel to any area. Please indicate if for medical or any other reasons you are prevented from travelling.		

3

Positions	ANNUAL SALARY GROSS and NET (i.e. after tax)		ALLOWANCES in addition to salary	SUPERVISOR'S NAME AND TITLE	Dates
	Initial	Final			
Present post	Gross				From
	Net				To
Preceding post	Gross				From
	Net				To

4

Give names of spouse and any dependents.

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship

Give details of any near relatives who are employed by the United Nations or one of its Specialized Agencies.

Name	Relationship	International Organization

5

If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars.	
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6

REFERENCES List three persons not related to you who are familiar with your character and qualifications.
Do not repeat names of supervisors listed under point 3 above.

Name	Full address	Telephone No.	Occupation, business, title
		Office	
		Home	
		Office	
		Home	
		Office	
		Home	

7

Preference as to countries/regions in which you would wish to serve; other comments.

8

I certify that the statements made by me on this form are true, complete and correct.
I understand that any false statement or required information withheld may provide grounds for the withdrawal of any offer of appointment or the cancellation of any contract of employment with the ITU.

Date and place: _____ Signature: _____

PROJECT PERSONNEL**For submission to Governments**

1	Name	Nationality
	Present address	Place and date of birth

2	LANGUAGE KNOWLEDGE	OTHER LANGUAGES	Speak	Read	Write
	MOTHER TONGUE For other languages, enter appropriate number from code below to indicate level of your language knowledge. CODE : <ol style="list-style-type: none"> Limited conversation, reading of newspapers, routine correspondence. Engage freely in discussions, read and write more difficult material. Speak, read and write (nearly) as well as mother tongue. 	_____ _____ _____ _____ _____	<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"/>

3	EDUCATION Give full details in chronological order. Give the exact name of the institution and title of degrees/certificates in the <i>original</i> language. Exclude primary/secondary school if you have a university degree or equivalent. Include courses and post-graduate studies in your professional or related field.				
	From Month/year	To Month/year	Institution (name, place)	Certificates, degrees obtained	Main (field(s) or subject(s) of study

4	List titles of significant publications or papers in you professional field which you have written, as also names of journals, etc., in which they appeared (use supplementary sheet if necessary). DO NOT ATTACH PUBLICATIONS.
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5	List <i>Professional Societies</i> of which you are a member; indicate the class of membership when appropriate.
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N.B.: IN COMPLETING SECTION 6 HEREUNDER, PLEASE COMMENCE BY COMPLETING POINT E (next page) FOLLOWED BY D, C, B and A IN THAT ORDER AS APPLICABLE.

6

PROFESSIONAL
EXPERIENCE

A

Summary of employment record in CHRONOLOGICAL ORDER (*excepting four most recent posts*).

B

From	To	Exact title of your post
Name and address of employer		Number and type of employees supervised by you, if any
Description of your duties and responsibilities		

C

From	To	Exact title of your post
Name and address of employer		Number and type of employees supervised by you, if any

D	Description of your duties and responsibilities	
	From	To
	Exact title of your post	
	Name and address of employer	Number and type of employees supervised by you, if any
Description of your duties and responsibilities		

E	PRESENT OR MOST RECENT EMPLOYMENT	
	From	To
	Exact title of your post	
Name and address of employer		Number and type of employees supervised by you, if any

Description of your duties and responsibilities

F

DO NOT FILL IN – INTENDED FOR FUTURE ADDITIONS

Exact title of your post

From To

Name and address of employer

Number and type of employees supervised by you, if any

Description of your duties and responsibilities

Date of updating:

7

List type/makes of equipment on which you have: A) worked; B) received training.

Additional Information relevant to your work and the post for which you are applying (i.e. experience in on-the-job training or modern training)

Date: _____ Signature: _____