					1					
	INTER	NATION	AL OR	O I B Caniza	AT TION F(OR MIG	RATIO	N		
				Route des Mo	orillons		KAHO	1		
If you are applying for a specific Vacancy Notice, please quote relevant position title and vacancy number:				P.O. Box 7 1211 GENE WITZERLA	EVA 19					
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.		PERSONAL HISTORY				ATTACH PHOTOGRAPH HERE				
1. A) Surname		First Name			Middle Nan	ne		Maiden Nar	Maiden Name, if any	
B) List any other names usedA) Permanent Address								B)	Telephone	No.
3. A) Present Residence (Specify C		e or State, Cou	intry)		B) Since (d	late)	Until (antie	cipated date)	C) Tele	phone No.
D) E-mail address (1)	Panama				E) E-mail a	ddress (2), if	f applicable			
 A) Place of Birth (If Swiss, canton and origin) 		B) Date of	Birth		C) Citizens	hip at Birth		D) P	resent Citiz	enship
E) Passport or Identity Card No.				Date of	f Issue/Date o	of Expiry		Place	e of Issue (in	n full)
5. Sex (Check)		6. Marital S	Status (Cheo	ck)						
Male E	male	Single]	Married		Widow(er)		Divorced	Separa	ated
7. Have you any depedents?	1 .	Yes]	No]	If answer is	1	following info		
Name	Age	Relati	onship		Name		Age		Relationshi	р
8. LANGUAGES										
(List mother tongue first)			READ			WRITE			SPEAK	
Language		Excellent	Good	Poor	Excellent	Good	Poor	Excellent	Good	Poor
				ļ						
										Dage 1 of /

Page 1 of 4

9. EDUCATION: Give school, technical school					it is appropr	iate of schoo	ols or other for	rmal training	g or education t	from age 14 (e.g.	high
Name and Place			Туре				ttended To	Certificates, diplomas, degrees or academic distinctions obtained			
						From	10	academic	distilletions obta	Illeu	
10. A) Indicate speed in	n words per m	inute (if app	licable)				 B) List any equipment y 		s you possess a	and machines and	d
			a	0	ther Langua	ges					
Shorthand	English	French	Spanish				-				
Typing							-				
11. List all organization	ac mith mhi-1	vou ora ar l	ava haar aff	listed This	listic to in-	ludo oli afri	intiona mb-1	or coals1	ofossional f	tomal at a	
12. List activities in civ	vic, public or i	international	affairs and n	ame any sig	nificant pub	lications you	have written.				
13. For what kind of w	ork do you wi	sh to be cons	sidered?								
14. A) Are you willing	to accept a p	ost requiring	travel?								
B) Would you acce	pt short term	employment	?								
C) Would you acce	pt an emerger	ncy field assi	gnment at sh	ort notice?							
15. In the event of your	being selecte	d, how much	notice woul	ld you need l	before appoi	ntment?					
16. Have you any objec	ctions to our n	naking inqui	ries of your p	present emplo	oyer?			Yes]	No 🗌	e 2 of 4

17. EMPLOYMENT RECORL	D : Starting with your present occupation, list	in reverse order each activity in which you have been engaged,
		employment of more than six months' duration. Use a separate block
for each period and additional s		
Present or most recent occupation		Description of duties and responsibilities
Dates	Annual emoluments:	
From To (month/year) (month/y	ear) Salary	
	Allowances	
	Total	
Business or organization (name Panama Port Company Balboa	and address, including city) a, Ancón, Arnulfo Arias Madrid Avenue	
Title of your post or	Name of Supervisor	
occupation		
Number and kind of employees	supervised by you	
Personal address during this per	riod	
Reason for leaving		
Dates	Total annual emoluments	: Description of duties and responsibilities
From To		
(month/year) (month/y	ear)	
Business or organization (name	and address, including city)	
	Panama, Manuel Espinosa Avenue, Interamer	icana
Title of your post or	Name of Supervisor	
occupation		
Number and kind of employees	supervised by you	
Personal address during this per	riod	
Reason for leaving		
Dates	Total annual emoluments	: Description of duties and responsibilities
From To		
(month/year) (month/y	ear)	
	,	
Business or organization (name	and address, including city)	
Evergreen Group		
Title of your post or	Name of Supervisor	
occupation		
Number and kind of employees	supervised by you	
Personal address during this per	iod	
Reason for leaving		
		Page 3(a) of 4

			e order each activity in which you have been engaged, nent of more than six months' duration. Use
Present or most	recent occupation		Description of duties and responsibilities
	Dates	Annual emoluments:	
From To (month/year) (month/year)		Salary	
		Allowances	
		Total	
	anization (name and addre		
Title of your pos	reign Affairs, Quarry Higl	Name of Supervisor	
occupation			
Number and kin	d of employees supervise	d by you	
Personal address	s during this period		
Reason for leavi	ng		
	Dates	Total annual emoluments:	Description of duties and responsibilities
From (month/year)	To (month/year)		
Business or orga	anization (name and addre	ess, including city)	
Title of your pos occupation	st or	Name of Supervisor	
Number and kin	d of employees supervise	d by you	
Personal address	s during this period		
Reason for leavi	ng		
	Dates	Total annual emoluments:	Description of duties and responsibilities
From (month/year)	To (month/year)		
Business or orga	anization (name and addre	ess, including city)	
Title of your post or occupation		Name of Supervisor	
Number and kin	d of employees supervise	d by you	
Personal address	s during this period		
Reason for leavi	ing		

Page 3(b) of 4

		ng with your present occupation, list in reverse litary service and any period of unemploym	order each activity in which you have been engaged, ent of more than six months' duration. Use
Present or most	recent occupation		Description of duties and responsibilities
	Dates	Annual emoluments:	
From To		Salary	
		Allowances	
		Total	
Business or orga	anization (name and add	ress, including city)	
Title of your pos	st or	Name of Supervisor	
Number and kin	d of employees supervis	ed by you	
Personal address	s during this period		
Reason for leavi	ng		
	Dates	Total annual emoluments:	Description of duties and responsibilities
From (month/year)	To (month/year)		
Business or orga	anization (name and add	ress, including city)	
Title of your post or 1 occupation		Name of Supervisor	
Number and kin	d of employees supervis	ed by you	
Personal address	s during this period		
Reason for leavi	ng		
	Dates	Total annual emoluments:	Description of duties and responsibilities
From (month/year)	To (month/year)		
Business or orga	anization (name and add	ress, including city)	
Title of your post or Name of Supervisor occupation Image: second secon		Name of Supervisor	
Number and kin	d of employees supervis	ed by you	
Personal address	s during this period		
Reason for leavi	ng		
L			Page 3(c) of 4

18. References: List three persons not related to you who are familiar with your character and qualifications. Do not repeat names of supervisors listed

Name in full	Complete Address (Telephone No. if known)	Business or Occupation

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. 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.

21. 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.