



This form allows you to apply or express interest for Field positions in the General Service and National Professional categories, for Temporary Appointments in the Professional category, or for working under one of the affiliate schemes (UNOPS, Individual consultant or contractor, deployee, secondee, etc.).

Please complete the form carefully, answering all mandatory sections fully and as completely as possible.

**Your Personal History Form will be reviewed in the near future, and you will be contacted if you are short-listed for an interview.**

**Note: Please do not contact UNHCR directly regarding the status of this application.**

If you need assistance in completing this form, please contact UNHCR via the email address provided in the vacancy notice or liaise with your nearest UNHCR Office.

| 1. GENERAL INFORMATION (Mandatory to complete)                                     |   |   |   |
|--|---|---|---|
| Last Name  |   |   |   |
| Middle Name  |   | Maiden Name                             |   |
| First Name   |   |   |   |
| 2. PERSONAL INFORMATION (Mandatory to complete)                                    |   |   |   |
| Date of Birth (dd/mm/yyyy)   |   | Gender                                  | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Selection |
| Marital Status   | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Registered Partnership<br><input type="checkbox"/> Separated <input type="checkbox"/> Widowed |   |   |
| 3. CONTACT INFORMATION (Mandatory to complete)                                     |   |   |   |
| <b>Current Address</b>   |   |   |   |
| Address  |   |   |   |
| City   |   |   |   |
| Postal Code  |   | Country                                 |   |
| <b>Permanent Address</b>   |   |   |   |
| Address  |   |   |   |
| City   |   |   |   |
| Postal Code  |   | Country                                 |   |
| Preferred Contact Method   | <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Post Mail  |   |   |
| 4. PHONE NUMBERS (Mandatory to complete)   |   |   |   |
| Type   | Country Code  | Telephone #                             | Indicate which is Preferred   |
| Home   |   |   | <input type="checkbox"/>  |
| Business   |   |   | <input type="checkbox"/>  |
| Mobile   |   |   | <input type="checkbox"/>  |
| 5. EMAIL ADDRESSES (Mandatory to complete)   |   |   |   |
| Type   | Email Address   | Indicate which is Preferred             |   |
| Home   |   | <input type="checkbox"/>                |   |
| Business   |   | <input type="checkbox"/>                |   |
| 6. NATIONALITY INFORMATION (Mandatory to complete)                                 |   |   |   |
| <b>NATIONALITY INFORMATION</b>   |   | Please list all COUNTRIES as applicable |   |
| Nationalities at Birth   |   |   |   |
| Current Nationalities  |   |   |   |
| Permanent Residency  |   |   |   |
| 7. UNHCR Experience (Mandatory to complete)  |   |   |   |
| Are you currently working with UNHCR? (e.g. Consultant, Contractor, Intern, Other) |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Employee ID:   |   |   |   |

**8. LETTER OF INTEREST** (Mandatory to complete if applying for a specific vacancy announcement)

Please indicate the position you are applying for

Please answer the following questions.

1. How have your achievements and operational experience to date prepared you for this position?  
Please refer to the job description and to the essential requirements therein. (2000 characters max)

2. Please describe any skills and competencies you have, and which may be of particular relevance to this position.  
(2000 characters max)

3. How does this position align with your career aspirations? (1500 characters max)

| <b>9. WORK EXPERIENCE</b> (Mandatory to complete, if any)<br>For all work experience, please complete as much information as possible.  |   |                                 |   |
|---|---|---------------------------------|---|
| Starting with your present position, list in REVERSE ORDER all employment you have had, using a separate block for each work experience. Also include service in the armed forces. Note any period during which you were not gainfully employed. Three blocks are provided; if you need more space, attach additional pages ensuring to give the same information requested here. |   |                                 |   |
| <b>Start Date</b><br>(dd/mm/yyyy)   |   | <b>End Date</b><br>(dd/mm/yyyy) | <input type="checkbox"/> Full<br><input type="checkbox"/> Part-Time |
| <b>Employer</b>   |   |                                 | <input type="checkbox"/> Tick if Current Employment                 |
| <b>Job Title</b>  |   |                                 |   |
| <b>Supervisor Name</b>  |   |                                 |   |
| <b>Type of Employment</b>   | <input type="checkbox"/> Employee <input type="checkbox"/> Consultant <input type="checkbox"/> Intern <input type="checkbox"/> Self-employed<br><input type="checkbox"/> UN Volunteer <input type="checkbox"/> Volunteer <input type="checkbox"/> Other |                                 |   |
| <b>If 'Other' please explain</b>  |   |                                 |   |
| <b># of Persons Supervised</b>  |   |                                 |   |
| <b>Supervisor e-mail</b>  |   | <b>Supervisor Phone</b>         |   |
| <b>Reason for Leaving</b>   |   |                                 |   |
| <b>Description of duties</b><br>(1200 characters max)   |   |                                 |   |
| <b>Employer Address line 1</b>  |   |                                 |   |
| <b>Address line 2</b>   |   |                                 |   |
| <b>Address line 3</b>   |   | <b>Postal Code</b>              |   |
| <b>City</b>   |   | <b>Country</b>                  |   |
| <b>Is this UN Experience?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Grade (if applicable)</b>    |   |
| <b>Is this UNHCR experience?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                 |   |
| <b>Contract Type</b>  | <input type="checkbox"/> Fixed Term <input type="checkbox"/> Indefinite <input type="checkbox"/> Temporary Appointment <input type="checkbox"/> Other Arrangement   |                                 |   |
| <b>If 'Other Arrangement' please indicate the Type of Arrangement</b><br>(e.g. UN Volunteer, UNOPS ICA, Individual Consultant, Intern, ICMC, Danish Refugee Council etc.)   |   |                                 |   |
|   |   |                                 |   |
| <b>Start Date</b><br>(dd/mm/yyyy)   |   | <b>End Date</b><br>(dd/mm/yyyy) | <input type="checkbox"/> Full<br><input type="checkbox"/> Part-Time |
| <b>Employer</b>   |   |                                 | <input type="checkbox"/> Tick if Current Employment                 |
| <b>Job Title</b>  |   |                                 |   |
| <b>Supervisor Name</b>  |   |                                 |   |
| <b>Type of Employment</b>   | <input type="checkbox"/> Employee <input type="checkbox"/> Consultant <input type="checkbox"/> Intern <input type="checkbox"/> Self-employed<br><input type="checkbox"/> UN Volunteer <input type="checkbox"/> Volunteer <input type="checkbox"/> Other |                                 |   |
| <b>If 'Other' please explain</b>  |   |                                 |   |
|   |   | <b># of Persons Supervised</b>  |   |
| <b>Supervisor e-mail</b>  |   | <b>Supervisor Phone</b>         |   |
| <b>Reason for Leaving</b>   |   |                                 |   |
| <b>Description of duties</b><br>(1200 characters max)   |   |                                 |   |
| <b>Employer Address line 1</b>  |   |                                 |   |
| <b>Address line 2</b>   |   |                                 |   |
| <b>Address line 3</b>   |   | <b>Postal Code</b>              |   |
| <b>City</b>   |   | <b>Country</b>                  |   |

|   |   |                                 |   |
|---|---|---------------------------------|---|
| <b>Is this UN Experience?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Grade (if applicable)</b>    |   |
| <b>Is this UNHCR experience?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                 |   |
| <b>Contract Type</b>  | <input type="checkbox"/> Fixed Term <input type="checkbox"/> Indefinite <input type="checkbox"/> Temporary Appointment <input type="checkbox"/> Other Arrangement   |                                 |   |
| <b>If 'Other Arrangement' please indicate the Type of Arrangement</b><br>(e.g. UN Volunteer, UNOPS ICA, Individual Consultant, Intern, ICMC, Danish Refugee Council etc.) |   |                                 |   |
|   |   |                                 |   |
| <b>Start Date</b><br>(dd/mm/yyyy)   |   | <b>End Date</b><br>(dd/mm/yyyy) | <input type="checkbox"/> Full<br><input type="checkbox"/> Part-Time |
| <b>Employer</b>   |   |                                 | <input type="checkbox"/> Tick if Current Employment                 |
| <b>Job Title</b>  |   |                                 |   |
| <b>Supervisor Name</b>  |   |                                 |   |
| <b>Type of Employment</b>   | <input type="checkbox"/> Employee <input type="checkbox"/> Consultant <input type="checkbox"/> Intern <input type="checkbox"/> Self-employed<br><input type="checkbox"/> UN Volunteer <input type="checkbox"/> Volunteer <input type="checkbox"/> Other |                                 |   |
| <b>If 'Other' please explain</b>  |   |                                 |   |
|   |   | <b># of Persons Supervised</b>  |   |
| <b>Supervisor e-mail</b>  |   | <b>Supervisor Phone</b>         |   |
| <b>Reason for Leaving</b>   |   |                                 |   |
| <b>Description of duties</b><br>(1200 characters max)   |   |                                 |   |
| <b>Employer Address line 1</b>  |   |                                 |   |
| <b>Address line 2</b>   |   |                                 |   |
| <b>Address line 3</b>   |   | <b>Postal Code</b>              |   |
| <b>City</b>   |   | <b>Country</b>                  |   |
| <b>Is this UN Experience?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Grade (if applicable)</b>    |   |
| <b>Is this UNHCR experience?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                 |   |
| <b>Contract Type</b>  | <input type="checkbox"/> Fixed Term <input type="checkbox"/> Indefinite <input type="checkbox"/> Temporary Appointment <input type="checkbox"/> Other Arrangement   |                                 |   |
| <b>If 'Other Arrangement' please indicate the Type of Arrangement</b><br>(e.g. UN Volunteer, UNOPS ICA, Individual Consultant, Intern, ICMC, Danish Refugee Council etc.) |   |                                 |   |
|   |   |                                 |   |

| 10. SPECIALIZED TRAINING (if any)   |   |                          |  |
|---|---|--------------------------|--|
| Course Title  |   |                          |  |
| School Name   |   |                          |  |
| Country   |   |                          |  |
| Course Start Date<br>(dd/mm/yyyy)   |   | End Date<br>(dd/mm/yyyy) |  |
| Topic area  |   |                          |  |
| Training Methodology  | <input type="checkbox"/> Assessment <input type="checkbox"/> Blended Learning Programme <input type="checkbox"/> Mobile <input type="checkbox"/> Resource Material<br><input type="checkbox"/> Webinar <input type="checkbox"/> Webinar for Blended Learning <input type="checkbox"/> Workshop<br><input type="checkbox"/> Workshop for Blended Learning <input type="checkbox"/> Training Video <input type="checkbox"/> eLearning |                          |  |
| Course Description  |   |                          |  |
|   |   |                          |  |
| Course Title  |   |                          |  |
| School Name   |   |                          |  |
| Country   |   |                          |  |
| Course Start Date<br>(dd/mm/yyyy)   |   | End Date<br>(dd/mm/yyyy) |  |
| Topic area  |   |                          |  |
| Training Methodology  | <input type="checkbox"/> Assessment <input type="checkbox"/> Blended Learning Programme <input type="checkbox"/> Mobile <input type="checkbox"/> Resource Material<br><input type="checkbox"/> Webinar <input type="checkbox"/> Webinar for Blended Learning <input type="checkbox"/> Workshop<br><input type="checkbox"/> Workshop for Blended Learning <input type="checkbox"/> Training Video <input type="checkbox"/> eLearning |                          |  |
| Course Description  |   |                          |  |
|   |   |                          |  |
| 11. EDUCATION (Mandatory to complete even if you have no formal education; if so, please indicate)  |   |                          |  |
| <p>This space provides you with an opportunity to indicate that your academic credential or degree was obtained from an educational institution that is recognised or sanctioned by a competent national authority, included in the IAU/UNESCO list. When evaluating academic credentials of applicants, UNHCR is guided by the United Nations Educational, Scientific and Cultural Organization's (UNESCO) listing (referred to as the "UNESCO list - World Guide to Higher Education (WHED)" ) of higher education institutions recognized, and to determine the level of university degree conferred on candidates since the level of degrees is not always consistent across countries.</p> <p>Please CHECK THE SITE TO CONFIRM YOUR UNIVERSITY IS ACCREDITED. (website - <a href="http://www.whed.net">www.whed.net</a>)</p> <p><b>Note:</b> You must indicate the main language used for 75% or more of your studies, for each education item you list.</p> |   |                          |  |
| Exact Title of Degree/Certificate   |   |                          |  |
| Begin Date (dd/mm/yyyy)   |   | End Date (dd/mm/yyyy)    |  |
| Main Major or Topic   |   |                          |  |
| Other Majors/Topics of Study  |   |                          |  |
| Level   | <input type="checkbox"/> Elementary School Completed <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate<br><input type="checkbox"/> Bachelor <input type="checkbox"/> Masters Degree <input type="checkbox"/> No Formal Education<br><input type="checkbox"/> Other (please specify in Comments)   |                          |  |
| Main language of your studies   |   | Education Completed?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| School Name   |   |                          |  |
| City  |   | Country                  |  |
| Comments  |   |                          |  |
|   |   |                          |  |
| Exact Title of Degree/Certificate   |   |                          |  |
| Begin Date (dd/mm/yyyy)   |   | End Date (dd/mm/yyyy)    |  |
| Main Major or Topic   |   |                          |  |

|                                      |   |                             |  |
|--------------------------------------|---|-----------------------------|--|
| <b>Other Majors/Topics of Study</b>  |   |                             |  |
| <b>Level</b>                         | <input type="checkbox"/> Elementary School Completed <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate<br><input type="checkbox"/> Bachelor <input type="checkbox"/> Masters Degree <input type="checkbox"/> No Formal Education<br><input type="checkbox"/> Other (please specify in Comments) |                             |  |
| <b>Main language of your studies</b> |   | <b>Education Completed?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>School Name</b>                   |   |                             |  |
| <b>City</b>                          |   | <b>Country</b>              |  |
| <b>Comments</b>                      |   |                             |  |

**11. SKILLS** (if any) List skills such as computer or technical programs, or other relevant functional ability.

|              | <b>Level</b><br>(Low, Medium, or High) | <b># of Yrs</b> | <b>Comments</b> |
|--------------|--|-----------------|-----------------|
| <b>Skill</b> |  |                 |                 |
| <b>Skill</b> |  |                 |                 |
| <b>Skill</b> |  |                 |                 |
| <b>Skill</b> |  |                 |                 |

**12. LANGUAGES** (Mandatory to complete)

Indicate your proficiency levels for each language, including for your Mother Tongue. Proficiency levels are listed from A1 to C2, and are based on the Common European Framework of Reference for Languages; the website is below.  
<https://www.eui.eu/Documents/ServicesAdmin/LanguageCentre/CEF.pdf>

|   | <b>Reading</b> | <b>Speaking</b> | <b>Writing</b> | <b>Listening</b> |
|---|----------------|-----------------|----------------|------------------|
| <b>Mother Tongue Language</b>                       |                |                 |                |                  |
| <b>2<sup>nd</sup> Language</b> (if any)             |                |                 |                |                  |
| (if applicable) <b>Evaluation Date</b> (dd/mm/yyyy) |                |                 |                |                  |
| <b>3<sup>rd</sup> Language</b> (if any)             |                |                 |                |                  |
| (if applicable) <b>Evaluation Date</b> (dd/mm/yyyy) |                |                 |                |                  |
| <b>4<sup>th</sup> Language</b> (if any)             |                |                 |                |                  |
| (if applicable) <b>Evaluation Date</b> (dd/mm/yyyy) |                |                 |                |                  |

**13. LICENSES AND CERTIFICATIONS** (if any)

|                                  |  |                                      |  |
|----------------------------------|--|--------------------------------------|--|
| <b>Issue Date</b> (dd/mm/yyyy)   |  | <b>Expiration Date</b> (dd/mm/yyyy)  |  |
| <b>Licence /Certification</b>    |  |                                      |  |
| <b>City</b>                      |  | <b>Country</b>                       |  |
| <b>Is a renewal in progress?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Licence /Certification Number</b> |  |
| <b>Issued By</b>                 |  |                                      |  |

|                                  |  |                                      |  |
|----------------------------------|--|--------------------------------------|--|
| <b>Issue Date</b> (dd/mm/yyyy)   |  | <b>Expiration Date</b> (dd/mm/yyyy)  |  |
| <b>Licence /Certification</b>    |  |                                      |  |
| <b>City</b>                      |  | <b>Country</b>                       |  |
| <b>Is a renewal in progress?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Licence /Certification Number</b> |  |
| <b>Issued By</b>                 |  |                                      |  |

**14. THREE PROFESSIONAL REFERENCES** (Mandatory to complete)

A Professional reference is a recommendation from a person who can vouch for your qualifications for a job. This should not be the same person you listed as your supervisor for any of your work experiences.

|   |              |                           |                         |
|---|--------------|---------------------------|-------------------------|
| <b>Reference #1 - Name</b>  |              |                           |                         |
| Title   |              |                           |                         |
| Employer  |              |                           |                         |
| Phone   | Country Code | Telephone #               | Ext.                    |
|   |              |                           |                         |
| Email Address   |              |                           |                         |
| Address line 1  |              |                           |                         |
| Address line 2  |              |                           |                         |
| Address line 3  |              | Postal Code               |                         |
| City  |              | Country                   |                         |
| <b>Reference #2 - Name</b>  |              |                           |                         |
| Title   |              |                           |                         |
| Employer  |              |                           |                         |
| Phone   | Country Code | Telephone #               | Ext.                    |
|   |              |                           |                         |
| Email Address   |              |                           |                         |
| Address line 1  |              |                           |                         |
| Address line 2  |              |                           |                         |
| Address line 3  |              | Postal Code               |                         |
| City  |              | Country                   |                         |
| <b>Reference #3 - Name</b>  |              |                           |                         |
| Title   |              |                           |                         |
| Employer  |              |                           |                         |
| Phone   | Country Code | Telephone #               | Ext.                    |
|   |              |                           |                         |
| Email Address   |              |                           |                         |
| Address line 1  |              |                           |                         |
| Address line 2  |              |                           |                         |
| Address line 3  |              | Postal Code               |                         |
| City  |              | Country                   |                         |
| <b>15. QUESTIONNAIRE (Mandatory to complete)</b>  |              |                           |                         |
| 1. Are you now, or have you ever been, a permanent civil servant in your government's employ? If the answer is yes, please provide the dates below.   |              |                           |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |              | From Date<br>(dd/mm/yyyy) | To Date<br>(dd/mm/yyyy) |
|   |              |                           |                         |
| 2. Have you ever been arrested, indicted or summoned in court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)? If the answer is yes, please provide details below. |              |                           |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |              | Details                   |                         |
|   |              |                           |                         |
| 3. Have you ever been the subject of an investigation into allegations of misconduct?   |              |                           |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |                           |                         |
| 4. Have you ever been subject to disciplinary proceedings or measures?  |              |                           |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |                           |                         |
| 5. Would you accept an employment of less than or equal to six months?  |              |                           |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |                           |                         |
| 6. Working with UNHCR requires field work in difficult, high-risk, and non-family locations. Do you commit to accepting a deployment to such field operations?  |              |                           |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |                           |                         |
| 7. Do you have a spouse or any children? If yes, please provide below the names, dates of birth and the relationships.  |              |                           |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |                           |                         |
| Name  |              | Birth Date (dd/mm/yyyy)   | Relationship            |
|   |              |                           |                         |
|   |              |                           |                         |
|   |              |                           |                         |
|   |              |                           |                         |

|  |                     |   |
|--|---------------------|---|
|  |                     |   |
| <p>8. Have you taken up legal permanent residence status in any country other than that of your nationality?<br/>If the answer is yes, please indicate the country.</p>  |                     |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Country</b>      |   |
| <p>9. Have you taken any legal steps towards changing your present nationality?<br/>If the answer is yes, please add details below.</p>  |                     |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Details</b>      |   |
| <p>10. Are any of your relatives, or is your spouse employed by a UN organization or Specialized Agency? If the answer is yes, please indicate Name, Relationship, and Name of International Organization.</p>   |                     |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |                     |   |
| <b>Name</b>  | <b>Relationship</b> | <b>Name of International Organization</b> |
|  |                     |   |
| <p>11. How did you hear about this vacancy?</p> <p> <input type="checkbox"/> UNHCR Career Page             <input type="checkbox"/> UNHCR Careers Twitter             <input type="checkbox"/> UNHCR LinkedIn             <input type="checkbox"/> Impactpool/Unjobfinder             <input type="checkbox"/> Devex<br/> <input type="checkbox"/> Reliefweb             <input type="checkbox"/> ALNAP             <input type="checkbox"/> Indeed             <input type="checkbox"/> Virtual Career Fair             <input type="checkbox"/> Onsite Career Fair             <input type="checkbox"/> Government Website<br/> <input type="checkbox"/> The Economist             <input type="checkbox"/> The Financial Times             <input type="checkbox"/> Jeune Afrique             <input type="checkbox"/> Asharq Al-Awsat             <input type="checkbox"/> Where Women Work<br/> <input type="checkbox"/> Other _____         </p>   |                     |   |
| <b>CONFIRMATION AND CONSENT (Mandatory to complete)</b>  |                     |   |
| <p>To complete your application you are required to confirm the following:</p> <p><b>ACCURACY OF CONTENT:</b> The content of this application is accurate and contains no false information;</p> <p><b>EDUCATION INFORMATION</b> - You give your full consent and authorize the Office of the United Nations High Commissioner for Refugees (UNHCR) to contact each of your educational institutions listed in this application for the purpose of conducting required reference checks with regard to your educational background, and to confirm the diploma or degrees you have received at each educational institution.</p> <p>You also authorize the mentioned educational institutions to provide requested information directly to UNHCR. Any information received from your educational institutions will be treated with due regard to all confidentiality requirements; and,</p> <p><b>WORK EXPERIENCE</b> - You are aware UNHCR will contact former and current employers, if applicable, regarding Work Experience, as well as check your three Professional References.</p> <p><b>Finally, you understand that submission of false information or misrepresentation and/or submission of falsified documentation constitutes serious misconduct for which severe disciplinary sanctions can be imposed.</b></p> <p style="text-align: center;"><input type="checkbox"/> I consent to all of the foregoing as part of the process of evaluation of my application.</p> <p>DATE : _____ SIGNATURE: _____</p> |                     |   |