

Please answer each question clearly and completely. TYPE OR PRINT LEGIBLY. Read carefully and follow all directions. Use (\Box) for any dialog boxes.

1. POST APPLIED FOR:

2. DATE OF ADVERTISEMENT:

3. PERSONAL HISTORY

Family Name:
First Names:
Maiden Name (if applicable):
Date of birth:
Place of birth:
Nationality at birth:
Present Nationality:
Gender:
Permanent address:
Present address:
Office phone number:
Office fax number:
Residence phone number:
E-mail address:

4. Do you have any dependent children?

Yes No

If your answer is "yes", give the following information: (*Note: You are allowed to input data up for a maximum of* **4** *dependent children*)

Name of children	Date of birth (day/month/year)	Place of birth	Nationality	Gender

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5. QUALIFICATIONS:

EDUCATION, Give full details- N.B Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.

A. UNIVERSITY OR EQUIVALENT					
Name, Place and Country	Attended from/to Month/ Year	Post Degrees, Degrees and academic ; Distinctions Obtained	Main course of study		

B. SCHOOLS OR OTHER FORMAL TRAINING					
Name, Place and Country	Attended from/to Month/ Year	Certificates Obtained			

6. List any significant publications or papers you have written and which might be of relevance to the post being applied for.

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7. EMPLOYMENT RECORD

Please fill in details of your employment record below in chronological order, starting with your current or latest position first. Use a separate block for each post.

Α	Present Post	(Last Post	if not	nresently	v in em	plovr	nent)
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A. Present Post (I	Last Post, if not presently i	in employment)				
Exact Title Of	Name Of Employer	From	То			
Post		Month/Year	Month/Year			
Address Of Empl	oyer :					
Type Of Organisa	ation					
No. Of Superiors	To Whom You Report :					
No. And Categori	es Of Employees Supervis	sed By You :				
Description Of D	uties					
Any Job Problem						
Any job i toblem	5.					
How You Are Ha	ndling Them:					

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B. Previous Post

Name Of Employer	From Month/Year	To Month/Year
Linployer		Thomas Cur
	Name Of Supervisor :	
ervised By You :		
	Name Of Employer	Employer Month/Year Image: Name Of Supervisor :

C. Previous Post

Exact Title Of Post	Name Of Employer	From Month/Year	To Month/Year				
Address Of Employer :							
Type Of Organisation		Name Of Supervisor					
No And Kind Of Employees	No And Kind Of Employees Supervised By You :						
Reason Of Leaving :							
Description Of Duties :							

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D. Previous Post

Exact Title Of Post	Name Of Employer	From Month/Year	To Month/Year		
Address Of Employer :		1			
Type Of Organisation	Name	Of Supervisor			
No And Kind Of Employees Supervised By You :					
Reason Of Leaving :					
Description Of Duties :					

8. COMPUTER LITERACY

Word	Excellent	Good	Average
Excel	Excellent	Good	Average
E-mail	Excellent	Good	Average
PowerPoint	Excellent	Good	Average

9. LANGUAGE SKILLS

ENGLISH				
Spoken	Excellent	Good	Basic	
Read	Excellent	Good	Basic	
Written	Excellent	Good	Basic	
FRENCH				
Spoken	Excellent	Good	Basic	
Read	Excellent	Good	Basic	
Written	Excellent	Good	Basic	

Proficiency in other la	nguages: Yes	No
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Please specify language(s):_____

Please specify level of Proficiency:_____

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10. When you look over your career, of the organisations you have so far worked for, which did you enjoy the most and why?

11. What are your major skills and behavioural characteristics that can be assets to the post you have applied for?

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12. What have you achieved in your career that demonstrates your mastery of these skills?

13. What are your expectations from the post you have applied for?

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14. REFEREES

List the name of the three persons, not related to you and are not under current COMESA staff members, who are familiar with your character and qualifications

FULL NAME	FULL ADDRESS	BUSINESS OCCUPATION	PHONE NUMBER

15. Any other comment you would like to add:

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16. I, Mr/Mrs certify that the statements made by me to answer the foregoing questions are true and complete to the best of my belief. I understand that any misrepresentation or material omission made on this form may render my application to termination.

Date:_____

Signature:_____

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