INTERNATIONAL VINE AND WINE ORGANISATION

PERSONAL HISTORY

Please answer each question clearly and completely.

Type or print in ink.

Read carefully and follow all directions.

1. Family name	First name				Other n	names Maiden Name							
2. Date of birth (D/M/Y)	3. Country of birth				4. Natio	ionality/ies at birth 5. Present nationality/ies							
6. Sex M 🗆 F 🗌	7. Marital status: Single Married Lo					Legally	separated	ated Divorced Widow(er)					
8. Permanent address:			9. Pre	9. Present address:				10. Telephone no. during working hours:					
Telephone: Fax:			Telepl Fax:	hone:					Fax:				
E-mail:			E-mai	l:					E-mail:				
1. 11. Have you taken up legal residence status in any country other than that of your nationality Yes No													
If "yes", in which country?													
2. 12. Have you taken any legal steps towards changing your present nationality Yes No													
13. Have you any dependants? Yes No No If "yes", give the following information:													
Name		Age	R	Relationship			Name		Age	Relationship			
14. What is your preferred field of work?							15. Vacancy Notice applied for:						
16. Would you accept employment for less than six months? Yes ☐ No ☐ 17. Have you previously submitted an application for employment with the OIV? If so, when?													
4. 18. Indicate the name of any relatives working in the OIV Secretariat, or other international organizations:													
Name: Organization/Mission/Representation:								Relationship:					
 a) 19. KNOWLEDGE OF LANGUAGES. Indicate your first language; if not the same, indicate also mother tongue: 													
		Write				Speak			Understand				
Other languages	Easily	Not	easily	Easily	/	Not	easily	Fluently	Not fluer	ntly	Easily	Not eas	sily
			7				<u> </u>						
For secretarial positions only: Indicate speed in words per minute:						List computer skills and office machines you can use:							
	language language language												
Typing					-								
Shorthand		1	l					1					

			empleted form to Direc						
		18, rue d'Aguess	seau - 75008 PARIS (F	Fax 33.01.42.66.90.	63)				
22. EDUCATION N.B. P transla	Please give exact ate or equate to o	name of institutions other degrees.	_		_	nost recent. Please do not			
Institution	ountry	Years attende	d Certificates	s, diplomas, degrees distinctions obtain		Main course of			
Name, place and country		From T	ō	o distinctions obtaine		study			
23. List any significant public	cations you have	written (do not attac	ch):						
24. EMPLOYMENT RECO	IRD. <u>Starting</u> Iclude also servi	with your preser ce in the armed for	<u>nt post,</u> list in reve rces and note any pe	rse order every ei eriod during which y	mployment you hav you were not gainfu	ve had. Use a separate ally employed. If you need			
more space, attach addit	tional pages of th	ne same size.							
From Month/Year	To Month/Year	Salary per a Starting	annum (gross) Final	Exact title of your	post:				
o		J.ag	1						
Name of employer:			Type of activity:						
ramo di dinployon.			Type of doubley.						
Address and telephone of er		Name of supervisor:							
		Number and kind of	employees	Reason for leaving	u.				
			supervised by you:						
DESCRIPTIO	N OF YOUR DU	TIES							

From	То	Salary per a	annum (gross)	Exact title of your	post:			
Month/Year	Month/Year	Starting	Final					
Name of employer:			Type of activity:					
Address and telephone of en	nployer:		Name of supervisor					
	1 - 7 -				T			
			Number and kind of	employees	Reason for leaving:			
DECCDIDIO	N OF YOUR DU	TIFE	supervised by you:					
DESCRIPTIO	N OF YOUR DO	IIE2						
From	То	Salary per a	annum (gross)	Exact title of your	post:			
Month/Year	Month/Year	Starting	Final	, ,				
Name of employer:	I.		Type of activity:					
ramo or omproyon			Type of don'thy.					
Address and telephone of en	nployer:		Name of supervisor:					
			Number and kind of employees Reason for leaving:					
			supervised by you:					
DESCRIPTIO	N OF YOUR DU	TIES						
From	То	Salary per a	annum (gross)	Exact title of your	post:			
Month/Year	Month/Year	Starting	Final					
Name of employer:			Type of activity:					
Address and telephone of en		Name of supervisor:						
		Number and kind of employees Reason for leaving:						
DE000/DE10		T. T. C.	supervised by you:					
DESCRIPTIO	N OF YOUR DU	ITIES						

F	т.	0-1		Transfer of constant					
From Month/Year	To Month/Year	Salary per Starting	annum (gross) Final	Exact title of your	post:				
Name of employer:	,		Type of activity:						
Address and telephone of en	nployer:		Name of supervisor:						
			Number and kind o supervised by you:	employees	Reason for leaving:				
DESCRIPTIO	N OF YOUR DU	ΓΙΕS							
25. Have you any objections	to our making in	quiries of your pres	sent employer?	ent employer? Yes No No					
26. Are you now, or have you ever been, a permanent civil servant in your government's employ? Yes No If "yes", when?									
27. REFERENCES: List three persons, not related to you , who are familiar with your character and qualifications. Do <u>not</u> repeat names of supervisors listed under item 24.									
FULL NAME			FULL AD	DRESS	OCCUPATION				
28. State any other relevant facts, including membership in professional societies. Include information regarding any residence outside the country of your nationality.									
29. Appointment is subject to a satisfactory medical examination and might entail travel to any area of the world. Have you any disabilities which might limit your work or your ability to engage in air travel?									
No ☐ Yes ☐ Explain:									
30. Have you ever been arrested, indicted, or summoned into a court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?									
No ☐ Yes ☐									
If "yes", give full particulars of each case in an attached statement.									
I understand that any mis	31. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentations or material omission made on a Personal History form or other document requested by OIV renders a staff member of OIV liable to dismissal.								
Date: Signature:									

N.B. You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization.