## INTERNATIONAL VINE AND WINE ORGANISATION

## PERSONAL HISTORY

Please answer each question clearly and completely. <u>Type or print in ink.</u> Read carefully and follow all directions.

1. Family name First name				Other n	ames Maiden Name							
2. Date of birth (D/M/Y)	3. Country of birth				4. Natio	ionality/ies at birth 5. Present nationality/ie			onality/ies			
6. Sex M 🗌 F 🗌	7. Marital status: Single Arried Legally separated Divorced Widow(er)											
8. Permanent address: 9. Presen				resent address:				10. Telephone no. during working hours:				
Telephone: Fax:				Telephone: Fax:				Fax:				
E-mail:				E-mail:				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?       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       If "yes", give the following information:												
Name Age			Relationship			N	Name Age		Relationship			
14. What is your preferred field of work?   15. Vacand						ancy	Notice applied	for:				
16. Would you accept employment for less than six months?       17. Have you previously submitted an application for employment with the OIV? If so, when?							nent					
4. 18. Indicate the name of any relatives working in the OIV Secretariat, or other international organizations:												
Name: Organization/Mission/Representation: Relationship:												
<ul> <li>a) 19. KNOWLEDGE OF LANGUAGES. Indicate your first language; if not the same, indicate also mother tongue:</li> </ul>												
Other languages		Write				Speak			Understand			
	Easily	_	easily	Easily		Not easily	Fluently	Not fluer	ntly	Easily	Not easily	
20. For secretarial positions only: Indicate speed in words per minute:						21. List comp you can u		s anc	d office machine	2S		
	language	lang	uage	language	langu	age						
Typing Shorthand												

Please return completed form to Director General of the OV         18, rue d'Aquesseau - zroote PARIS (Fax 33.01.42 66.90.63)         Colspan="4">Colspan="4"Colspan="4"       Colspan="4"Colspan="4">Colspan="4"Colspan="4"       Colspan="4"Colspan="4"       Colspan="4"Colspan="4" </th
22. EDUCATION       N.B. Please give exact name of institutions and titles of degrees in original language starting with the most recent. Please do not ranslate to offer degrees.       Main course of study         Name, place and country       Years attended       Certificates, diplomas, degrees and academic distinctions obtained       Main course of study         Image: place and country       Years attended       Certificates, diplomas, degrees and academic distinctions obtained       Main course of study         Image: place and country       Years attended       Certificates, diplomas, degrees and academic distinctions obtained       Main course of study         Image: place and country       Years attended       Certificates, diplomas, degrees and academic distinctions obtained       Main course of study         Image: place and country       Image: place attended to the course of study       Image: place attended to the study       Image: place attended to the study         Image: place attended to the course of study       Image: place attended to the course of study       Image: place attended to the course of study       Image: place attended to the course of study         Image: place attended to the course of study       Image: place attended to the course of study       Image: place attended to the course of study       Image: place attended to the course of study         Image: place attended to the course of study       Image: place attended to the course of study       Image: place attended to the course of study       Image: place
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Hom     To       Image: Second
24. EMPLOYMENT RECORD.       Starting with your present post, list in reverse order every employment you have had. Use a separate block for each post. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size.         From       To       Salary per annum (gross)         Month/Year       Month/Year       Final
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From Month/Year     To     Salary per annum (gross)     Exact title of your post:
Name of employer:     Type of activity:
Type of activity.
Address and telephone of employer: Name of supervisor:
Number and kind of employees Reason for leaving:
Supervised by you:           DESCRIPTION OF YOUR DUTIES

From To Salary per ar			annum (gross)	post:				
Month/Year Month/Year Starting		Final						
Name of employer:		Type of activity:						
Address and telephone of er		Name of supervisor:						
		Number and kind c supervised by you:	Number and kind of employees Reason for leaving:					
DESCRIPTIO	TIES	supervised by you.						
From To Salary per a			annum (gross)	Exact title of your	post:			
Month/Year								
Name of employer:		Type of activity:	Type of activity:					
Address and talanhans of ar		Name of supervisor:						
Address and telephone of er								
		Number and kind o	f employees	Reason for leaving:				
DESCRIPTIO	TIES	supervised by you:						
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From Month/Year	From To Salary per Month/Year Month/Year Starting		annum (gross) Final	Exact title of your post:				
Name of employer:		Type of activity:						
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		supervised by you:	r omproyooo					
DESCRIPTIO	TIES							
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From	, , , , , , , , , , , , , , , , , , ,								
Month/Year	Month/Year	Starting	Final						
Name of employer:			Type of activity:						
Address and telephone of er		Name of superviso	Name of supervisor:						
		Number and kind o	f employees	Reason for leaving:					
			supervised by you:						
DESCRIPTIO	N OF YOUR DU	TIES							
25. Have you any objections to our making inquiries of your present employer? Yes No									
26. Are you now, or have yo	u ever been, a p	ermanent civil ser	vant in your governme	nt's employ?	Yes 🗌 No 🗌				
If "yes", when?									
27. REFERENCES: List three persons, <b>not related to you,</b> who are familiar with your character and qualifications. Do <u>not</u> repeat names of supervisors listed under item 24.									
	L NAME		FULL AD	DRESS	OCCUPATION				
102			TOLLAL	DICEOU					
28. State any other relevation country of your nationalit		ling membership	in professional soci	eties. Include infor	mation regarding any residence outside the				
	y.								
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)?									
	5	· · · · · · ,							
If "yes", give full particulars of each case in an attached statement.									
					orrect to the best of my knowledge and belief.				
I understand that any mi	srepresentations				er document requested by OIV renders a				
staff member of OIV liable									
Date:		Sig	gnature:						
					ements you have made above. Do not,				
					e Organization and, in any event, do not				
submit the orig	ınal texts of re	ferences or test	imonials unless the	y have been obtair	ned for the sole use of the Organization.				