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| C:\Users\julia_shaw\AppData\Local\Microsoft\Windows\INetCache\IE\4EP956LF\IOPCF_Logo_Green_CMYK.jpg INTERNATIONAL OIL POLLUTION COMPENSATION FUND 1992 PERSONAL HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSTRUCTIONS: Please answer each question **clearly and completely. Type or print in ink.** Read carefully and follow all directions. If you need more space, attach additional pages of the same size. Be sure to sign and date the form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Surname First Name Middle Name Maiden Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. (A) Present Residence (Specify City, Province or State, and Country) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (B) Length of Residence | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tel. No: | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax No: | | | |
| E-Mail: | | | |
| 4. (A) Place of Birth | | | | | | | (B) Date of Birth | | | | | | | | | | | | | | | | (C) Citizenship at Birth | | | | | | | | | | | (D) Present Citizenship | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 5. Sex (Type x) | | | | | | | 6. Marital Status (Type x) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male  Female | | | | | | | Single  Married  Widow(er)  Divorced  Separated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Have you any dependants? No  Yes  If answer is “Yes” give following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Date of Birth | | | | | | Relationship | | | | | | | | | | Name | | | | | | | | | Date of Birth | | | | | | | Relationship |
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| 8. Have you taken up legal residence status in any country other than that of your nationality? | | | | | | | | | | | | 9. Have you taken any legal steps towards changing your present nationality?  No  Yes  If answer is “Yes”, explain fully. | | | | | | | | | | | | | | | | | | | | | | | | | |
| No  Yes  If answer is “Yes”, which country? | | | | | | | | | | | |
| 10. Have you any near relatives who are employed by a public international organisation? No  Yes  If answer is “Yes” give following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | | | | International Organisation | | | | | | |
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| 11. LANGUAGES | | | READ | | | | | WRITE | | | | | | | | | SPEAK | | | | | | | | List any special skills you possess and machines and equipment you can use (eg software packages): | | | | | | | | | | | | |
| (List mother-tongue first) | | | Excellent | Good | | Fair | | Excellent | | Good | | | Fair | | | | Excellent | | Good | | | Fair | | |
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| 12. Have you previously submitted an application for employment with an international organisation?  If answer is “Yes” specify organisation and date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. EDUCATION: Give full details, using the following space insofar as it is appropriate.  (A) University or equivalent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Place | | | | | | | | | | | | | | | | Years Attended | | | | | | | | | | | Degrees and  Academic Distinctions | | | | | | | | Main Subjects | | |
| From | | | | To | | | | | | |
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| (B) Schools or other formal education or training (e.g. high school, technical school, or apprenticeship) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Place | | | | | | | | | | | | | | | | Type | | | | | | | | | | | | Years Attended | | | | | | | | Certificates, Diplomas Obtained | |
| From | | | | To | | | |
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| 14. List professional societies, and activities in civic, public or international affairs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15. List any significant publications you have written (if applicable but do not attach) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 16. EMPLOYMENT RECORD: **Starting with your present or most recent post,** list in reverse order every employment during the last ten years and any significant experience not included in that period which you believe will be helpful in evaluating your record. Use a separate block for each post. Use additional sheets of paper as required. Include service in the armed forces. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates | | | | | | | Salaries per annum (excl. allowances) | | | | | | | | | | | | | | | | | Exact title of your post | | | | | | | | | | | | | |
| From | | To | | | | | Starting | | | | | | | Final | | | | | | | | | | Duty Station | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | |  | | | | | | | | | | Type of Business | | | | | | | | | | | | | |
| Name of Supervisor  Email address of Supervisor  Telephone of Supervisor | | | | | | | | | | | | | | | | | | | | | | | | Number and kind of employees supervised by you | | | | | | | | | | | | | |
| Name of Employer | | | | | | | | | | | | | | | | | | | | | | | | Reason for leaving, if applicable | | | | | | | | | | | | | |
| Address of Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of your work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates | | | | | | | Salaries per annum (excl. allowances) | | | | | | | | | | | | | | | | | Exact title of your post | | | | | | | | | | | | | |
| From | | To | | | | | Starting | | | | | | | Final | | | | | | | | | | Duty Station | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | |  | | | | | | | | | | Type of Business | | | | | | | | | | | | | |
| Name of Supervisor  Email address of Supervisor  Telephone of Supervisor | | | | | | | | | | | | | | | | | | | | | | | | Number and kind of employees supervised by you | | | | | | | | | | | | | |
| Name of Employer | | | | | | | | | | | | | | | | | | | | | | | | Reason for leaving | | | | | | | | | | | | | |
| Address of Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of your work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates | | | | | | | Salaries per annum (excl. allowances) | | | | | | | | | | | | | | | | | Exact title of your post | | | | | | | | | | | | | |
| From | | To | | | | | Starting | | | | | | | Final | | | | | | | | | | Duty Station | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | |  | | | | | | | | | | Type of Business | | | | | | | | | | | | | |
| Name of Supervisor  Email address of Supervisor  Telephone of Supervisor | | | | | | | | | | | | | | | | | | | | | | | | Number and kind of employees supervised by you | | | | | | | | | | | | | |
| Name of Employer | | | | | | | | | | | | | | | | | | | | | | | | Reason for leaving | | | | | | | | | | | | | |
| Address of Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of your work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates | | | | | | | Salaries per annum (excl. allowances) | | | | | | | | | | | | | | | | | Exact title of your post | | | | | | | | | | | | | |
| From | | To | | | | | Starting | | | | | | | Final | | | | | | | | | | Duty Station | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | |  | | | | | | | | | | Type of Business | | | | | | | | | | | | | |
| Name of Supervisor  Email address of Supervisor  Telephone of Supervisor | | | | | | | | | | | | | | | | | | | | | | | | Number and kind of employees supervised by you | | | | | | | | | | | | | |
| Name of Employer | | | | | | | | | | | | | | | | | | | | | | | | Reason for leaving | | | | | | | | | | | | | |
| Address of Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of your work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Have you any objections to our making inquiries of your present employer? Yes/ No  Please note however, that before confirmation of appointment, both your present and previous employers shall be contacted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. REFERENCES: List three persons not related to you who are familiar with your character and qualifications.  Do not repeat names of supervisors listed under Item 16. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | Full Address ( Email Address and Telephone No. if known) | | | | | | | | | | | | | | | | | | | | | | | | Business or Occupation | | | | |
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| 19. LEGAL CONVICTIONS (Includes all convictions other than those for minor violations of road traffic regulations) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Charge | | | | | | | | | | | | | | | Date | | | | | | | | | | | Where tried | | | | | | | | Conviction | | | |
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| 20. State any other relevant facts. Includes information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc. Also state any disabilities which might limit your field of work. Final appointment will be subject to a medical examination. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 How did you find out about this vacancy? *(Please circle one of the below options)*  1992 Fund Circular/ IOPC Funds website / printed newspaper advertisement / on-line newspaper job site / other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 false statements or any required information withheld from this form may provide grounds for the withdrawal of any offer of appointment or summary dismissal if an appointment has been accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: |  | | | | | | | | | | | | | | Signature: | | | | | | | | | | | | | | | | | | |  | | | |