

Please answer each question clearly and completely. TYPE OR PRINT LEGIBLY. Read carefully and follow all directions. Use (□) 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<br>(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 EQ        | A. UNIVERSITY OR EQUIVALENT     |  |                      |  |  |  |  |
|----------------------------|---------------------------------|--|----------------------|--|--|--|--|
| Name, Place and<br>Country | Attended from/to<br>Month/ Year | Post Degrees, Degrees<br>and academic ;<br>Distinctions Obtained | Main course of study |  |  |  |  |
|                            |                                 |  |                      |  |  |  |  |
|                            |                                 |  |                      |  |  |  |  |
|                            |                                 |  |                      |  |  |  |  |
|                            |                                 |  |                      |  |  |  |  |
|                            |                                 |  |                      |  |  |  |  |
|                            |                                 |  |                      |  |  |  |  |
|                            |                                 |  |                      |  |  |  |  |

| B. SCHOOLS OR OTHER FORMAL TRAINING |                                 |                       |  |  |  |
|-------------------------------------|---------------------------------|-----------------------|--|--|--|
| Name, Place and Country             | Attended from/to<br>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 | presently | in em | plovment)  |
|-----|-----------------|-------------|--------|-----------|-------|------------|
| 11. | I ICSCIII I USI | Last I Ust, | II HOU | presentry | mem   | proynicity |

|                    | Last Post, if not presently i |             | _          |  |  |  |  |  |
|--------------------|-------------------------------|-------------|------------|--|--|--|--|--|
| Exact Title Of     | Name Of Employer              | From        | То         |  |  |  |  |  |
| Post               |                               | Month/Year  | Month/Year |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
| Address Of Empl    | oyer :                        |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
| Tours Of Oursenies |                               |             |            |  |  |  |  |  |
| Type Of Organisa   | ition                         |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
| No. Of Superiore   | To Whom You Report :          |             |            |  |  |  |  |  |
| No. Of Superiors   | 10 whom You Report :          |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
| No. And Categori   | es Of Employees Supervis      | ad By Vou · |            |  |  |  |  |  |
| No. And Categoin   | es of Employees Supervis      | seu by rou. |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
| Description Of D   | uties                         |             |            |  |  |  |  |  |
| I I I I            |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
| Any Job Problems   | s:                            |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
| How You Are Ha     | ndling Them:                  |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |
|                    |                               |             |            |  |  |  |  |  |

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# **B.** Previous Post

| Exact Title Of Post                          | Name Of<br>Employer | From<br>Month/Year   | To<br>Month/Year |  |  |  |
|--|---------------------|----------------------|------------------|--|--|--|
|  | Employer            |                      | Wontry Tear      |  |  |  |
|  |                     |                      |                  |  |  |  |
| Address Of Employer :                        |                     |                      |                  |  |  |  |
|  |                     |                      |                  |  |  |  |
| Type Of Organisation :                       |                     | Name Of Supervisor : |                  |  |  |  |
|  |                     |                      |                  |  |  |  |
|  |                     |                      |                  |  |  |  |
| No And Kind Of Employees Supervised By You : |                     |                      |                  |  |  |  |
|  |                     |                      |                  |  |  |  |
| Salary Obtained :                            |                     |                      |                  |  |  |  |
|  |                     |                      |                  |  |  |  |
| Reason Of Leaving :                          |                     |                      |                  |  |  |  |
|  |                     |                      |                  |  |  |  |
|  |                     |                      |                  |  |  |  |
| <b>Description Of Duties :</b>               |                     |                      |                  |  |  |  |
|  |                     |                      |                  |  |  |  |
|  |                     |                      |                  |  |  |  |

# C. Previous Post

| Exact Title Of Post      | Name Of Employer                             | From<br>Month/Year | To<br>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 Employ                          | er | From<br>Month/Year | To<br>Month/Year |  |  |
|--|---|----|--------------------|------------------|--|--|
|  |   |    |                    |                  |  |  |
| Address Of Employer :                        |   |    |                    |                  |  |  |
| Type Of Organisation                         | 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 | languages: | Yes | No |
|----------------------|------------|-----|----|
|----------------------|------------|-----|----|

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<br>OCCUPATION | PHONE NUMBER |
|-----------|--------------|------------------------|--------------|
|           |              |                        |              |
|           |              |                        |              |
|           |              |                        |              |

#### 15. Any other comment you would like to add:

| <br> | <br> |
|------|------|
| <br> | <br> |
| <br> |      |

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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