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| PAN AMERICAN HEALTH ORGANIZATION  Pan American Sanitary Bureau, Regional Office of the  WORD HEALTH ORGANIZATION | | | | | | | | | | | | | | **PERSONAL HISTORY**  **DATOS PERSONALES** | | | | | | | | | ORGANIZACIÓN PANAMERICANA DE LA SALUD  Oficina Sanitaria Panamericana, Oficina Regional de la  ORGANIZACIÓN MUNDIAL DE LA SALUD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **525 TWENTY-THIRD STREET, N.W. WASHINGTON, D.C. 20037-2895** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **INSTRUCTIONS/INSTRUCCIONES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Please answer each question clearly and completely type or print dark ink. Read carefully and follow all directions it is desirable to include all relevant information on this form but if really necessary you may attach additional pages of similar size. Please complete in English or Spanish and attach a recent photograph (passport size). Be sure to sign and date the form on the fast page. | | | | | | | | | Conteste todas las preguntas con claridad y precisión escribiendo a maquina o letra de imprenta en tinta oscura. Incluya en este formulario todos los datos pertinentes y si le faltara espacio, use páginas suplementarias del mismo tamaño. Llene el formulario en ingles o español y acompañe una fotografía reciente, tamaño pasaporte, en el espacio provisto para este objeto. Sírvase firmar y poner la fecha en la última página. | | | | | | | | | | | | | | | | | | | | SPACE FOR PHOTOGRAPH  ESPACIO PARA LA FOTOGRAFIA (opcional) | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Family Name (surname)/Primer Apellido | | | | | | | First Name/Nombre | | | | | | | | | | | Other Names/Otros Nombres | | | | | | | | | | | | | | Maiden Name/apellido de soltera | | | | | | | | | | | | | | | | | | | |
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| 2 | Adress to which correspondence should be sent/Dirección a la que debe enviarse la correspondencia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Number/Número de teléfono | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Office/Oficina ► | | | | | | | | | | | | | | | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Home/Domicilio ► | | | | | | | | | | | | | | | |  | | | | |
|  | Email / Correo Electrónico | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Other/Otro ► | | | | | | | | | | | | | | | |  | | | | |
|  | Postal code/Zona Postal | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Other/Otro ► | | | | | | | | | | | | | | | |  | | | | |
| 3 | Current home address. If different from above (Specify city, province or state and country) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Length of Residence | | | | | | | | | | | | | | | | | | | | | | |
|  | Domicilio actual si es distinto del anterior (Especifique ciudad, provincia o estado y país) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Duración de Residencia | | | | | | | | | | | | | | | | | | | | | | |
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| 4 | Place of birth/Lugar de nacimiento | | | | | | | | | Date of birth/Fecha de nacimiento | | | | | | | | | | | | | | | Nationality/Nacionalidad | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | Day/Día | | | | | | | Month/Mes | | | | Year/Año | | | | At birth/Por nacimiento | | | | | | | | | | | | | | | | | | | At present/Actual | | | | | | | | |
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|  | If you have taken any legal steps towards changing your present nationality, give full explanation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | Especifique cualquier gestión que haya hecho o esté haciendo para cambiar su nacionalidad actual ► | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
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| 5 | Sex  Sexo |  | Male  Masculino | |  | | | Female  Femenino | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
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|  | 1  Marital Status (check one)  Estado civil (indique) | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 |  | | | | |  | Single  Soltero (a) | | | |  | | Married  Casado (a) | | | | |  | | Widow (es)  Viudo(a) | | | |  | | Divorced  Divorciado(a) | | | | | | | | | | | |  | | | Separated Separado(a) | | | | | | | | | |  | |
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| 7 | Give names of any dependents/Nombres de los familiares a cargo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name  Nombre y Apellido | | | Date of birth  Fecha de nacimiento | | | | Relationship  Parentesco | | | | | | | \* | | Name  Nombre y apellido | | | | | | | | Date of birth  Fecha de nacimiento | | | | | | | | | | | | | | | Relationship  Parentesco | | | | | | | | | | | | \* |
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|  | \* If under 21 years and in full time attendance at school or university check shaded block  \* Si se trata de menores de 21 años marque la casilla indicada si asisten a tiempo completo a una escuela o universidad | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Give names of any near relatives who are employed by the United Nations or one of its Specialized Agencies  Nombre de los familiares empleados en las Naciones Unidas o en algunos de sus organismos especializados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name/Nombre y apellido | | | | | | | | | | | Relationship Parentesco | | | | | | | | | | International Organization/Organización internacional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9 | **EDUCATION / ESTUDIOS** | | | | | | | | | | | | | | | | | | | | | |  |
|  | Give the exact name of institution and title of degree in the original language. Exclude primary/secondary school if you have a university. Begin with the highest degree earned.  Proporcione el nombre exacto de la institución y título obtenido en el idioma original. Excluya enseñanza primaria y secundaria si tiene un título universitario. Empiece con el último título obtenido. | | | | | | | | | | | | | | | | | | | | | |  |
|  | **ACADEMIC DEGREE STUDIES/ESTUDIOS ACADEMICOS** | | | | | | | | | | | | | | | | | | | | | |  |
|  | From/De | | | To/A | | | | | Institution (name place)  Institución (nombre, lugar) | | | | | | Degree obtained  Titulo obtenido | | | Main field(s) or subject(s) of study/Indique materia principales o campos de especialización. | | | | |  |
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|  | **OTHER STUDIES/OTROS ESTUDIOS** | | | | | | | | | | | | | | | | | | | | | |  |
|  | From/De | | | To/A | | | | | Institution (name place)  Institución (nombre, lugar) | | | | | | Certificate obtained  Titulo obtenido | | | Main field(s) or subject(s) of study/Indique materia principales o campos de especialización. | | | | |  |
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| 10 | **POSITION DESIRED/CLASE DE TRABAJO** | | | | | | | | | | | | | | | | | | | | | |  |
|  | For what kind of work to be considered? | | | | | | | | | | |  | | | | | | | | | | |  |
|  | ¿Para que clase de trabajo desea usted ser considerado? | | | | | | | | | | |  | | | | | | | | | | |  |
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| 11 | **EMPLOYMENT RECORD/EMPLEOS DESEMPEÑADOS** | | | | | | | | | | | | | | | | | | | | | |  |
|  | It is important to give information. This is needed to evaluate the relationship between your experience and the requirements of post in PAHO/WHO. For each post you have occupied give details of your duties, responsibilities and the relationships involved both within your organization and with other organizations.  Es importante proporcionar datos completos para que se pueda juzgar si su experiencia se acomoda a las condiciones exigidas para el desempeño de un puesto en la OPS/OMS. Indique las funciones y responsabilidades que haya asumido en cada uno de los empleos desempeñados y la clase de relación que en ellos haya tenido con otras personas empleadas con otras personas empleadas dentro de la misma organización y con otras organizaciones. | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Present or recent post/Puesto actual o último puesto ocupado** | | | | | | | | | | | | | | | | | | | | | |  |
|  | Dates/Fechas | | | | | | | | **Type of organization/Clase de organización**  **EXAMPLES/EJEMPLOS**  **Government/Administración pública**  **Academic/Actividad académica**  **Private/Actividad privada** | | | | | **Description of your work/Descripción de su trabajo** | | | | | | | | |  |
|  | Month  Mes | | Year  Año | | Month  Mes | | | Year  Año |  | | | | |  | | | | | | | | |  |
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|  | Most recent annual salary  Salario anual mas reciente | | | | | | | |  | | | | |  | | | | | | | | |  |
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|  | Exact title of your post/Titulo exacto del puesto | | | | | | | | | | | | |  | | | | | | | | |  |
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|  | Name and address of employer/Nombre y dirección de la empresa o entidad | | | | | | | | | | | | |  | | | | | | | | |  |
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|  | Name of supervisor/Nombre del supervisor | | | | | | | | | | | | |  | | | | | | | | |  |
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|  | Numbers and kind of employees supervised by you/  Número y funciones de sus subordinados | | | | | | | | | | | | |  | | | | | | | | |  |
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|  | Reason for leaving, if applicable/Razones del cese, si procede | | | | | | | | | | | | |  | | | | | | | | |  |
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|  | Do you have any objections to our making inquiries of your present employer?  ¿Tiene usted algún inconveniente en que obtengamos información de su jefe actual? | | | | | | | | | | | | | | |  | Yes/Sí | |  |  | No/No |  |  |
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|  | **EMPLOYMENT RECORD (CONTINUED) EMPLEOS DESEMPEÑADOS (CONTINUACION)** | | | | | | | | | | | | | | | | |  |
|  | **Dates/Fechas** | | | | | | | | | | | | | | | **Type of organization/Clase de organización** | **Description of your work/Descripción de su trabajo** |  |
|  | Month  Mes | Year  Año | | | | Month  Mes | | | | Year  Año | | | |  | | |  |  |
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|  | **Anual Salary** | | | | **Salario Anual** | | | **Exact title of your post/Título exacto del puesto** | | | | | | | | |  |  |
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|  | **Name and address of employed/Nombre y dirección de la empresa o entidad** | | | | | | | | | | | | | | | |  |  |
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|  | Reason for leaving  Razones del cese | | | | | | | | | | |  | | | | |  |  |
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|  | **Dates/Fechas** | | | | | | | | | | | | | | **Type of organization/Clase de organización** | | **Description of your work/Descripción de su trabajo** |  |
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|  | **Anual Salary** | | | **Salario Anual** | | | | **Exact title of your post/Título exacto del puesto** | | | | | | | | |  |  |
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|  | **Name and address of employed/Nombre y dirección de la empresa o entidad** | | | | | | | | | | | | | | | |  |  |
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|  | Reason for leaving  Razones del cese | | | | | | | | | |  | | | | | |  |  |
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|  | **Dates/Fechas** | | | | | | | | | | | | | | **Type of organization/Clase de organización** | | **Description of your work/Descripción de su trabajo** |  |
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|  | **Anual Salary** | | **Salario Anual** | | | | | **Exact title of your post/Título exacto del puesto** | | | | | | | | |  |  |
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|  | **Name and address of employed/Nombre y dirección de la empresa o entidad** | | | | | | | | | | | | | | | |  |  |
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|  | Reason for leaving  Razones del cese | | | | | | | | | |  | | | | | |  |  |
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|  | **Dates/Fechas** | | | | | | | | | | | | | | **Type of organization/Clase de organización** | | **Description of your work/Descripción de su trabajo** |  |
|  | Month  Mes | Year  Año | | | | | Month  Mes | | | | Year  Año | | | |  | |  |  |
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|  | **Anual Salary** | | **Salario Anual** | | | | | **Exact title of your post/Título exacto del puesto** | | | | | | | | |  |  |
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|  | **Name and address of employed/Nombre y dirección de la empresa o entidad** | | | | | | | | | | | | | | | |  |  |
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|  | Reason for leaving  Razones del cese | | | | | | | |  | | | |  | | | |  |  |
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| 12 | **LANGUAGE KNOWLEDGE/CONOCIMIENTO DE IDIOMAS** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Indicate the level of your language knowledge by checking the appropriate code number each category  Indique el nivel de conocimiento de idiomas marcando el número apropiado de acuerdo a los siguientes códigos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | Spanish  Español | | | | | | English  Ingles | | | | Portuguese  Portugués | | | French  Francés | | | | | | | | | |  | | | | |  | | | | | | |  |
|  |  | | | |  | Speack  Hablar | | Read  Leer | | Write  Escribir | | Speack  Hablar | Read  Leer | Write  Escribir | | Speack  Hablar | Read  Leer | Write  Escribir | Speack  Hablar | | | Read  Leer | | | | | Write  Escribir | | Speack  Hablar | Read  Leer | | Write  Escribir | | Speack  Hablar | | Read  Leer | | Write  Escribir | | |  |
|  | Mother tongue  Lengua materna | | | | ► | 4 | | 4 | | 4 | | 4 | 4 | 4 | | 4 | 4 | 4 | 4 | | | 4 | | | | | 4 | | 4 | 4 | | 4 | | 4 | | 4 | | 4 | | |  |
|  | NEARLY ASWELL AS MOTHER TONGUE  CASI COMO LENGUA MATERNA | | | | ► | 3 | | 3 | | 3 | | 3 | 3 | 3 | | 3 | 3 | 3 | 3 | | | 3 | | | | | 3 | | 3 | 3 | | 3 | | 3 | | 3 | | 3 | | |  |
|  | WITHOUT SERIOUS DIFFICULTY  SIN GRAN DIFICULTAD | | | | ► | 2 | | 2 | | 2 | | 2 | 2 | 2 | | 2 | 2 | 2 | 2 | | | 2 | | | | | 2 | | 2 | 2 | | 2 | | 2 | | 2 | | 2 | | |  |
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|  | LIMITED ABILITY  CONOCIMIENTO LIMITADO | | | | ► | 1 | | 1 | | 1 | | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | | | 1 | | | | | 1 | | 1 | 1 | | 1 | | 1 | | 1 | | 1 | | |  |
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|  | NO KNOWLEDGE  NINGUNO | | | | ► | 0 | | 0 | | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | | | 0 | | | | | 0 | | 0 | 0 | | 0 | | 0 | | 0 | | 0 | | |  |
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| 13 | **FOR PROFESSIONAL AND TECHNICAL STAFF/PARA EL PERSOAL PROFESIONAL Y TECNICO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Are you willing to travel?  ¿Estaría dispuesto a viajar? | | | |  |  | |  | |  | |  |  |  | |  |  |  |  | | | | |  | | |  |  | |  |  | |  | |  | |  | | | |  |
|  |  | No/No | | | |  | |  | Ocasionally/Ocasionalmente | | | | | | | | | | |  | | |  | Frequently/Frecuentemente | | | | | | | | | | |  | |  |
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| 14 | Would you accept short-term employment?  ¿Aceptaría usted un empleo a corto plazo? | | | | | |  | | | | | | | | | | | | | | | | | If yes for what duration? ¿Por cuanto tiempo? ► | | | | | | | | | | |  | | | | |  |  |
|  |  | | | | | Yes/Sí | | |  | | | No/No | | | | | |  | |
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| 15 | Would you accept employment anywhere?  ¿Aceptaría usted empleo en cualquier lugar? | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
|  |  | | | | | Yes/Sí | | | |  | | No/No | | | | | |  | |
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|  | If answer is “No”, list the countries or areas in wich you would not be willing to work ► En caso negativo, indique una oferta de empleo de la Organización, ¿cuando podría estar disponible? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |
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| 16 | If offered a position, how soon would you be available to work with the Organization?  ¿En caso de recibir una oferta de empleo de la Organización cuanto podría estar disponible? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
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| 17 | **FOR OFFICE POSITIONS/PARA PUESTOS DE OFICINA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Indicate speed in words per minute  Indique el número de palabras por minuto | | | | | | | | | | List any special skills you possess and machines and equipment you can use | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | | | | | | | | | | Indique cualquier conocimiento especial que posea, así como las máquinas y equipo de oficina que sepa manejar | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | Spanish  Español | English  Ingles | Portuguese  Portugués | | | | | French  Francés | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Typing  Mecanografía |  |  |  | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Shorthand  Taquigrafía |  |  |  | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 18 | Are you holding or have you ever held a fellowhip from the Pan American Sanitary Bureau. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
|  | World Health Organization or United Nations? | | | | | | | | | | | | | | | | | | | |  | | | | | Yes/Sí | | | | | |  | | | | | | | |  | |
|  | ¿Tiene usted actualmente o ha tenido alguna vez, una beca de la Oficina Sanitaria Panamericana | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | |
|  | de la Organización Mundial de la Salud o de las Naciones Unidas? | | | | | | | | | | | | | | | | | | | |  | | | | | No/No | | | | | |  | | | | | | | |  | |
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|  | If so, state period of award  En caso afirmativo, indique la duración de la beca ► | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 19 | List memberships in professional societies and activities in public or international affairs  Enumere las sociedades profesionales de las cuales es miembro y actividades efectuadas en asuntos públicos o internacionales. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 20 | List any significant publications (articles, monographs, books). | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
|  | Principales trabajos publicados (artículos, monografías, libros) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
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| 21 | **REFERENCES/REFERENCIAS** | | | | | | | | |  |
|  | List three persons not related you are familiar with your character and qualifications. Do not repeat names of supervisors listed under item 11.  Indique los nombres de tres personas que no pertenezcan a su familia y que puedan dar informes sobre sus condiciones personales y profesionales.  No repita los nombres de los jefes o superiores indicados en el renglón 11. | | | | | | | | |  |
|  | Full Name | | | | Full Adrress, (Telephone number, if known)  Dirección (Número de teléfono si lo conoce) | | | | Business or occupation  Profesión u ocupación |  |
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| 22 | If you have ever been coinvicted, fined or imprisomed for the violation of any law (excluding minor traffic violations) give full particulars in each case.  Si en alguna ocasión ha sido usted condenado, multado o encarcelado por infracción de alguna ley (salvo el caso de infracciones menores de tránsito), especifique las circunstancias de cada caso. | | | | | | | | |  |
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| 23 | State any other relevant facts include information regarding any residence or protanged travel abroad giving dates, areas, purpose, etc. Also state any dis-abilities wich might limit your field of work.  Indique otros datos importantes. Incluya la información relativa a períodos de residencia o viajes prolongados en el extranjero, señalando fechas, lugares, finalidad, etc. Indique así mismo cualquier incapacidad física que pueda limitar sus servicios. | | | | | | | | |  |
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|  | I certify that the statements made by me in answer to the foregoing questions are to the best of my knowledge true, complete and correct and I understand that any misrepresentation or material omission of fact on this or any other document required from me by the Organization may be considered as constituling grounds for disciplinary measures under the staff regulations, including summary dismissal.  Certifico que las declaraciones hechas por mi en respuesta a las preguntas son a mi saber y entender, verídicas, completas y exactas y reconozco que cualquier falsedad u omisión en este o en cualquier documento que me exija la Organización podrá dar motivo para la adopción de medidas disciplinarias, incluso la destitución inmediata de conformidad con las disposiciones del estatuto de personal. | | | | | | | | |  |
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|  | Date and place | | |  | | Signature | X |  | |  |
|  | Fecha y lugar | | |  | | Firma |  | |  |
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| NOTE  NOTA | | | The Organization will retain this form in its active files for a period of two years. In the absence of a further specific request for continued retention or for return to the person concerned it reserves the right to dipose of this form at the end of that period | | | | | | |  |
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| La Organización conservará este formulario en sus archivos por dos años y se reserva el derecho de retirarlo a la expiración de ese plazo si el interesado no pide expresamente que siga archivado o que se le devuelva. | | | | | | |  |
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