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| INSTRUCTIONS Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. | | | | | IPPFARO - CV FORM | | | | | | | | | | | | |  | | | |
| 1. Family Name | | | | | | First Name | | | | | | Middle name | | | | | Maiden name, if any | | | | |
| 2. Date of Birth |  |  | |  | 3. Place of Birth | | | | | | 4. Nationality (ies) at birth | | | | | 5. Present nationality (ies) | | | | | 6. Sex |
| 7. Permanent address and phone number | | | | | | | | 8. Present Address and phone number(if different) | | | | | | 9. Office Telephone Number    Office email address:  Personal email address: | | | | | | | |
| 10. What are your preferred fields of work? | | | | | | | | | | | | | | | | | | | | | |
| 11. KNOWLEDGE OF LANGUAGES.  What is your mother tongue? | | | | | | | | | | | | | | | | | | | | | |
|  | | | READ | | | | | | WRITE | | | | SPEAK | | | | | | UNDERSTAND | | |
| OTHER LANGUAGES | | | Easily | | | | Not Easily | | Easily | Not Easily | | | Fluently | | Not Fluently | | | | Easily | Not Easily | |
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| 12.  List any Software, office machines or equipment you can use | | | | | | | | | | | | |  | | | | | | | | |

PAGE 2

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| 13. EDUCATIONAL. Give full details - N.B. Please give exact titles or degree in original language.  A. UNIVERSITY OR EQUIVALENT Please do not translate or equate to other degrees. | | | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | | ATTENDED FROM/TO | | | | | DEGREES and ACADEMIC | | MAIN COURSE | |
|  | | | Mo./Year | | | Mo./Year | | DISTINCTIONS OBTAINED | | OF STUDY | |
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| B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g. high school, technical school or apprenticeship) | | | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | | TYPE | | | | | ATTENDED FROM/TO | | CERTIFICATES OR | |
|  | | |  | | | | | Mo./Year | Mo./Year | DIPLOMAS OBTAINED | |
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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 (Do not attach) | | | | | | | | | | | |
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|  | | | | | | | | | | | |  | |  | EXACT TITLE OF YOUR FUNCTION: |
|  | | | | | | | | | | | |  | |  | FINAL |
| 16. EMPLOYMENT RECORD: Starting with your present function, list in reverse order every employment you have had. Use a separate block for each FUNCTION. 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. Give both gross and net salaries per annum for your last and present FUNCTION.  A. PRESENT FUNCTION (LAST FUNCTION, IF NOT PRESENTLY IN EMPLOYMENT) | | | | | | | | | | | |  | | SALARY PER ANNUM | **US$ 650 per worked day plus applicable DSA** | Managing Director for Leamero Consultancy Limited Associate of DUNDEX |
| FROM | TO | SALARY PER ANNUM | | | | | EXACT TITLE OF YOUR POSTION: | | | | |  | |
| STARTING | | | FINAL | |  | |
| MONTH/YEAR | MONTH/YEAR |  | | |  | |
|  |  |  | |  | | |
| NAME OF EMPLOYER: | | | | | | | TYPE OF BUSINESS: | | | | |  |
| ADDRESS OF EMPLOYER: | | | | | | | NAME OF SUPERVISOR: | | | | |  |
|  | | | | | | | NO AND KIND OF EMPLOYEES  SUPERVISED BY YOU: | | | | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | |
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B. PREVIOUS FUNCTION *(IN REVERSE ORDER)* PAGE 3

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| FROM | TO | SALARY PER ANNUM | | EXACT TITLE OF YOUR POSITION: | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
|  | | | | NO AND KIND OF EMPLOYEES  SUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES | | | | | |
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| FROM | TO | SALARY PER ANNUM | | EXACT TITLE OF YOUR POSTION: | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
| ADDRESS OF EMPLOYER:   |  |  | | --- | --- | | |  | | --- | |  | | | | | | NAME OF SUPERVISOR | |
|  | | | | NO AND KIND OF EMPLOYEES  SUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES | | | | | |
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| FROM | TO | SALARY PER ANNUM | | EXACT TITLE OF YOUR POSITION: | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
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| DESCRIPTION OF YOUR DUTIES | | | | | |
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| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
|  | | | | NO AND KIND OF EMPLOYEES  SUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES | | | | | |
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| DESCRIPTION OF YOUR DUTIES | | | | | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
| ADDRESS OF EMPLOYER:**–** | | | | NAME OF SUPERVISOR: | |
|  | | | | NO AND KIND OF EMPLOYEES  SUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES | | | | | |
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| FROM | TO | SALARY PER ANNUM | | EXACT TITLE OF YOUR POSITION: | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
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| DESCRIPTION OF YOUR DUTIES | | | | | |
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| 17. DO YOU HAVE ANY OBJECTIONS TO OUR MAKING ENQUIRIES OF YOUR PRESENT EMPLOYER? YES NO  IF YES, WHY: | | |
| 18. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.  *Do not repeat names of supervisors listed in item 16.* | | |
| FULL NAME | FULL ADDRESS | BUSINESS OR OCCUPATION |
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| 19. STATE ANY OTHER RELEVANT FACTS IN SUPPORT OF YOUR APPLICATION. INCLUDE INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY. | | |
| 20. HAVE YOU BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES NO  If "yes", give full particulars of each case in an attached statement. | | |
| 21. 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 misrepresentation or material omission made on a CV form or other document requested by the Organization may result in the termination of the service contract or special services agreement without notice.  DATE: SIGNATURE: | | |
| NB. You will be requested to supply documentary evidence which support the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of IPPF ARO. | | |