

## **Personal History Form**

This form allows you to apply or express interest for Field positions in the General Service and National Professional categories, for Temporary Appointments in the Professional category, or for working under one of the affiliate schemes (UNOPS, Individual consultant or contractor, deployee, secondee, etc.).

Please complete the form carefully, answering all mandatory sections fully and as completely as possible.

Your Personal History Form will be reviewed in the near future, and you will be contacted if you are short-listed for an interview.

Note: Please do not contact UNHCR directly regarding the status of this application.

If you need assistance in completing this form, please contact UNHCR via the email address provided in the vacancy notice or liaise with your nearest UNHCR Office.

| liaise with your nearest UNHCR | Office.                                   |           |               |                  |                             |  |
|--------------------------------|---|-----------|---------------|------------------|-----------------------------|--|
| 1. GENERAL INFORMATION         | (Mandatory to c                           | omplete)  |               |                  |                             |  |
| Last Name                      |   |           |               |                  |                             |  |
| Middle Name                    | Maiden Name                               |           |               |                  |                             |  |
| First Name                     |   |           |               |                  |                             |  |
| 2. PERSONAL INFORMATION        | N (Mandatory to                           | complete  | )             |                  |                             |  |
| Date of Birth (dd/mm/yyyy)     |   |           | Gend          | er               | ☐ Female ☐ No Selection     |  |
| Marital Status                 | ☐ Marrie                                  | d 🔲 Sing  | gle 🗌 Divorce | ed 🔲 Common L    | aw 🔲 Registered Partnership |  |
|                                |   |           | ☐ Sep         | parated 🔲 Widov  | ved                         |  |
| 3. CONTACT INFORMATION         | (Mandatory to c                           | omplete)  |               |                  |                             |  |
| Current Address                |   |           |               |                  |                             |  |
| Address                        |   |           |               |                  |                             |  |
| City                           |   |           |               |                  |                             |  |
| Postal Code                    |   |           | Count         | ry               |                             |  |
| 5                              |   |           |               |                  |                             |  |
| Permanent Address              |   |           |               |                  |                             |  |
| Address                        |   |           |               |                  |                             |  |
| City                           |   |           |               |                  |                             |  |
| Postal Code                    |   |           | Count         | ry               |                             |  |
| Preferred Contact Method       | □ Email □                                 | Phone [   | Post Mail     |                  |                             |  |
|                                |   |           |               |                  |                             |  |
| ,                              |   |           | onhone #      | Evr4             | Indicate which is Dreferred |  |
| Type<br>Home                   | Country Code                              | Tei       | ephone #      | Ext.             | Indicate which is Preferred |  |
|                                |   |           |               |                  | <u> </u>                    |  |
| Business                       |   |           |               |                  |                             |  |
| Mobile                         |   |           |               |                  |                             |  |
| 5. EMAIL ADDRESSES (Mand       | datory to comple                          | te)       |               |                  |                             |  |
| Туре                           | Email Address Indicate which is Preferred |           |               |                  |                             |  |
| Home                           |   |           |               |                  |                             |  |
| Business                       |   |           |               |                  |                             |  |
| 6. NATIONALITY INFORMAT        | ION (Mandatory                            | to comple | ete)          |                  |                             |  |
| NATIONALITY INFORMATI          | ON  | Please    | list all COUN | TRIES as applica | ble                         |  |
| Nationalities a                | at Birth                                  |           |               |                  |                             |  |
| Current Nation                 | nalities                                  |           |               |                  |                             |  |
| Permanent Res                  | idency                                    |           |               |                  |                             |  |

| 7. LETTER OF INTEREST (Mandatory to complete if applying for a specific vacancy announcement)   |
|---|
| Please indicate the position you are applying for   |
| Please answer the following questions.  |
| <ol> <li>How have your achievements and operational experience to date prepared you for this position?</li> <li>Please refer to the job description and to the essential requirements therein. (1500 characters max)</li> </ol> |
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| 2. Please describe any skills and competencies you have, and which may be of particular relevance to this position.   |
| (1500 characters max)   |
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| 3. How does this position align with your career aspirations? (1000 characters max)   |
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| 8. WORK EXPERIENCE (Man For all work experience, ple  |                     |  | ssible.  |                       |
|---|---------------------|--|--|-----------------------|
| Starting with your present position work experience. Also include see Three blocks are provided; if you here. | ervice in the armed | d forces. Note any perio<br>e, attach additional pag | od during which you were not ga                        | infully employed.     |
| Start Date<br>(dd/mm/yyyy)  |                     | End Date<br>(dd/mm/yyyy)                             |  | ☐ Full<br>☐ Part-Time |
| Employer  |                     |  |  | ☐ Check if ongoing    |
| Job Title   |                     |  |  |                       |
| Supervisor Name   |                     |  |  |                       |
| Type of Employment  |                     | ☐ Employee ☐ Con☐ UN Volunte                         | sultant ☐ Intern ☐ Self-emp<br>eer ☐ Volunteer ☐ Other | loyed                 |
| If 'Other' please explain   |                     |  |  |                       |
| Type of Workers Supervised  |                     |  | # of Persons Supervised                                |                       |
| Supervisor e-mail   |                     |  | Supervisor Phone                                       |                       |
| Ending Pay Rate Amount<br>(Annual Net)  |                     |  | Currency   |                       |
| Reason for Leaving  |                     |  |  |                       |
| <b>Description of duties</b> (1200 characters max)  |                     |  |  |                       |
| Employer Address line 1   |                     |  |  |                       |
| Address line 2  |                     |  |  |                       |
| Address line 3  |                     |  | Postal Code  |                       |
| City  |                     |  | Country  |                       |
| Type of Business  |                     | ] Governmental Organi<br>Non-Governmental Orga       |  | nization<br>Other     |
| Is this UN Experience?  | ☐ Ye                | es 🗌 No  | Grade (if applicable)                                  |                       |
|   |                     | <del>_</del>   | UN Index #   |                       |
| Is this UNHCR experience?   | ☐ Ye                | es 🗌 No  | UNHCR MSRP ID  |                       |
| Contract Type   | ☐ Fixed To          |  | Temporary Appointment 🔲 Ot                             | her Arrangement       |
| If 'Other Arrangement' please (e.g. UN Volunteer, UNOPS ICA   | • •                 | _  | nish Refugee Council etc.)                             |                       |
|   |                     |  |  |                       |
| Start Date<br>(dd/mm/yyyy)  |                     | End Date<br>(dd/mm/yyyy)                             |  | ☐ Full<br>☐ Part-Time |
| Employer  |                     |  |  | ☐ Check if ongoing    |
| Job Title   |                     |  |  | l .                   |
| Supervisor Name   |                     |  |  |                       |
| Type of Employment  |                     | ☐ Employee ☐ Con                                     | ·  | loyed                 |
| If 'Other' please explain   |                     |  |  |                       |
| Type of Workers Supervised  |                     |  | # of Persons Supervised                                |                       |
| Supervisor e-mail   |                     |  | Supervisor Phone                                       |                       |
| Ending Pay Rate Amount  |                     |  | Currency   |                       |
| (Annual Net)  |                     |  |  |                       |
| Reason for Leaving  |                     |  |  |                       |

| <b>Description of duties</b> (1200 characters max)             |                        |  |                |   |              |                    |
|--|------------------------|--|----------------|---|--------------|--------------------|
| Employer Address line 1  |                        |  |                |   |              |                    |
| Employer Address line 1  Address line 2                        |                        |  |                |   |              |                    |
|  |                        |  |                | D(-I O                                    |              |                    |
| Address line 3   |                        |  |                | Postal C                                  |              |                    |
| City   |                        |  |                | Cou                                       |              |                    |
| Type of Business   |                        | overnmental Organi<br>-Governmental Orga |                |   |              | ization<br>☐ Other |
| Is this UN Experience?   | ☐ Yes                  | □No                                      |                | Grade (if applica                         | ble)         |                    |
|  |                        |  |                | UN Inde                                   | ex#          |                    |
| Is this UNHCR experience?                                      | ☐ Yes                  | □ No                                     |                | UNHCR MSRI                                | P ID         |                    |
| Contract Type  | ☐ Fixed Term           |  | Tem            | porary Appointment [                      | ] Oth        | er Arrangement     |
| If 'Other Arrangement' please                                  |                        |  |                |   |              |                    |
| (e.g. UN Volunteer, UNOPS ICA                                  | , Individual Consultar | nt, Intern, ICMC, Dar                    | nish l         | Retugee Council etc.)                     |              |                    |
|  |                        |  |                |   |              |                    |
| Start Date   |                        | End Date                                 |                |   | Т            | ☐ Full             |
| (dd/mm/yyyy)   |                        | (dd/mm/yyyy)                             |                |   |              | Part-Time          |
| Employer   |                        |  |                |   |              | ☐ Check if ongoing |
| Job Title  |                        |  |                |   |              |                    |
| Supervisor Name  |                        |  |                |   |              |                    |
| Type of Employment   |                        | Employee                                 |                | nt ☐ Intern ☐ Self-<br>☐ Volunteer ☐ Othe | -emplo<br>er | pyed               |
| If 'Other' please explain                                      |                        |  |                |   |              |                    |
| Type of Workers Supervised                                     |                        |  | ;              | # of Persons Supervi                      | ised         |                    |
| Supervisor e-mail  |                        |  |                | Supervisor Ph                             | one          |                    |
| Ending Pay Rate Amount<br>(Annual Net)                         |                        |  |                | Curre                                     | ency         |                    |
| Reason for Leaving   |                        | _  |                |   |              |                    |
| Description of duties<br>(1200 characters max)                 |                        |  |                |   |              |                    |
| Employer Address line 1  |                        |  |                |   |              |                    |
| Address line 2   |                        |  | <del>- 1</del> | D1-1-1-0                                  | ا ماء ا      |                    |
| Address line 3   |                        |  | $\dashv$       | Postal C                                  |              |                    |
| City   |                        |  |                | Cou                                       |              |                    |
| Type of Business   |                        | overnmental Organi<br>-Governmental Orga |                |   | -            | ization<br>☐ Other |
| Is this UN Experience?   | ☐ Yes                  | □ No                                     |                | Grade (if applica                         | ble)         |                    |
| -  |                        |  |                | UN Inde                                   |              |                    |
| Is this UNHCR experience?                                      | ☐ Yes                  | □ No                                     |                | UNHCR MSRI                                | P ID         |                    |
| Contract Type  | ☐ Fixed Term           |  | Tem            | porary Appointment [                      |              | er Arrangement     |
| If 'Other Arrangement' please<br>(e.g. UN Volunteer, UNOPS ICA |                        |  | nish I         | Refugee Council etc.)                     |              |                    |
| ,  |                        |  |                | <u> </u>                                  |              |                    |

| 9. SPECIALIZED TRAINING  | (if any)   |  |   |                                    |
|--|--|--|---|------------------------------------|
| Course Title   |  |  |   |                                    |
| School Name  |  |  |   |                                    |
| Country  |  |  |   |                                    |
| Course Start Date  |  | End Date   |   |                                    |
| (dd/mm/yyyy)   | (dd/   | /mm/yyyy)  |   |                                    |
| Topic area   |  |  |   |                                    |
| Training Methodology   | ☐ Assessment ☐ Blended Learning Programme ☐ Webinar ☐ Webinar for Blended Learn☐ Workshop for Blended Learning ☐ Trainin   | ning 🔲 W   | ☐ Resource Ma<br>/orkshop<br>☐ eLearning  | aterial                            |
| Course Description   |  |  |   |                                    |
| Course Title   |  |  |   |                                    |
| School Name  |  |  |   |                                    |
| Country  |  |  |   |                                    |
| Course Start Date  |  | End Date   |   |                                    |
| (dd/mm/yyyy)   | (dd/   | /mm/yyyy)  |   |                                    |
| Topic area   |  |  |   |                                    |
| Training Methodology   | ☐ Assessment ☐ Blended Learning Programme ☐ ☐ Webinar ☐ Webinar for Blended Learn ☐ Workshop for Blended Learning ☐ Trainin  | ning 🔲 W   |   | aterial                            |
| Course Description   |  |  |   |                                    |
|  |  |  |   |                                    |
| 10 FDLICATION (Mandatory to  | o complete even if you have no formal education: if so, please   | e indicate)  |   |                                    |
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| This space provides you with an educational institution that is red When evaluating academic cred Cultural Organization's (UNESC higher education institutions received of degrees is not always con Please CHECK THE SITE TO Control You must indicate the management of the Note:    Exact Title of Degree/Certificate   | opportunity to indicate that your academic credential or degree opportunity to indicate that your academic credential or degree opportunity of applicants, UNHCR is guided by the United Nations O) listing (referred to as the "UNESCO list - World Guide to Fognized, and to determine the level of university degree conferences across countries." CONFIRM YOUR UNIVERSITY IS ACCREDITED. (website sain language used for 75% or more of your studies, for each of the sain language used for 75% or more of your studies, for each of the sain language used for 75% or more of your studies.   | ree was ob<br>sluded in the<br>s Education<br>Higher Edu<br>erred on ca<br>www.whea<br>education it  | e IAU/UNESCO<br>nal, Scientific a<br>cation (WHED)<br>andidates sinc<br>d.net)                            | O list.<br>and<br>)" ) of          |
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| Main Major or Topic   |  |  |  |   |  |  |
|---|--|--|--|---|--|--|
| ·   |  |  |  |   |  |  |
| Other Majors/Topics of<br>Study   |  |  |  |   |  |  |
| Level   | ☐ Elementary School Completed ☐ Some High School ☐ High School Graduate ☐ Bachelor ☐ Masters Degree ☐ No Formal Education ☐ Other (please specify in Comments) |  |  |   |  |  |
| Main language of your studies   |  | Education Completed?                         |  |   |  |  |
| School Name   |  |  |  |   |  |  |
| City  |  |  |  | Country                                     |  |  |
| Comments  |  |  |  |   |  |  |
| 11. SKILLS (if any) List skills su  | uch as computer o  | or technical programs                        | s, or other releva                     | ant functional abilit                       | y.   |  |
|   |  |  | <b>Level</b><br>(Low, Medi<br>or High) |   | Comments   |  |
| Skill   |  |  |  |   |  |  |
| Skill   |  |  |  |   |  |  |
| Skill   |  |  |  |   |  |  |
| Skill   |  |  |  |   |  |  |
| 12. LANGUAGES (Mandatory to complete)   |  |  |  |   |  |  |
| Indicate your proficiency levels for Mother Tongue.  Proficiency levels are listed from European Framework of Referenthtps://www.eui.eu/Documents/S | A1 to C2, and are  | e based on the Com<br>s; the website is belo | mon C1 (                               | beginner)<br>pre-intermediate)<br>advanced) | A2 (basic)<br>B2 (intermediate)<br>C2 (proficient) |  |
|   |  | Reading                                      | Speaking                               | Writing                                     | Listening  |  |
| Mother Tongue Language  |  |  |  |   |  |  |
| <b>2<sup>nd</sup> Language (</b> if any)  |  |  |  |   |  |  |
| (if applicable) <b>Evaluation Date</b> (dd/mm/yyyy)   |  |  |  |   |  |  |
| 3 <sup>rd</sup> Language (if any)   |  |  |  |   |  |  |
| (if applicable) <b>Evaluation Date</b> (dd/mm/yyyy)   |  |  |  |   |  |  |
| 4 <sup>th</sup> Language (if any)   |  |  |  |   |  |  |
| (if applicable) <b>Evaluation Date</b> (dd/mm/yyyy)   |  |  |  |   |  |  |
| 40 110511050 4115 0555  | ATIONS "   |  |  |   |  |  |
| 13. LICENSES AND CERTIFIC   | ATIONS (If any)  | ` ` '  |  |   |  |  |
| Issue Date (dd/mm/yyyy)   |  |  | 1                                      | Expiration Date<br>(dd/mm/yyyy)             |  |  |
| Licence /Certification  |  |  |  |   |  |  |
| City  | _  |  | 1                                      | Country                                     |  |  |
| Is a renewal in progress?   | ☐ Ye   | es 🗌 No                                      | Licenc                                 | ce /Certification<br>Number                 |  |  |
| Issued By   |  |  |  |   |  |  |
| Issue Date (dd/mm/yyyy)   |  |  |  | Expiration Date (dd/mm/yyyy)                |  |  |
| Licence /Certification  |  |  |  |   |  |  |
| City  |  |  |  | Country                                     |  |  |
| Is a renewal in progress?   | ☐ Ye   | es 🗌 No                                      | Licenc                                 | Licence /Certification Number               |  |  |
| Issued By   |  |  | '                                      |   |  |  |
|   |  |  |  |   |  |  |

| 14. THREE PROFESSIONAL R                               | •                      |                | . ,           |                         |                     |                    |  |
|--|------------------------|----------------|---------------|-------------------------|---------------------|--------------------|--|
| A Professional reference is a rec                      |                        |                |               |                         |                     | О.                 |  |
| This should not be the same per<br>Reference #1 - Name | son you listed as y    | your supervis  | sor for any c | or your work experience | ces.                |                    |  |
| Title  |                        |                |               |                         |                     |                    |  |
| Employer   |                        |                |               |                         |                     |                    |  |
| Phone  | Country C              | Code           |               | Telephone #             |                     | Ext.               |  |
| 1 110110   |                        |                |               |                         |                     |                    |  |
| Email Address  |                        |                |               |                         | ı                   |                    |  |
| Address line 1   |                        |                |               |                         |                     |                    |  |
| Address line 2   |                        |                |               |                         |                     |                    |  |
| Address line 3   |                        |                |               | Postal Code             |                     |                    |  |
| City   |                        |                |               | Country                 |                     |                    |  |
| Reference #2 - Name                                    |                        |                |               |                         |                     |                    |  |
| Title  |                        |                |               |                         |                     |                    |  |
| Employer   |                        |                |               |                         |                     |                    |  |
| Phone  | Country C              | Code           |               | Telephone #             |                     | Ext.               |  |
| 1 110110   | Country                | ,ouo           |               | Totophono #             |                     | LAU                |  |
| Email Address  |                        |                |               |                         |                     |                    |  |
| Address line 1   |                        |                |               |                         |                     |                    |  |
| Address line 2   |                        |                |               |                         |                     |                    |  |
| Address line 3   |                        |                |               | Postal Code             |                     |                    |  |
| City   | Country                |                |               |                         |                     |                    |  |
|  |                        |                |               |                         |                     |                    |  |
| Reference #3 - Name                                    |                        |                |               |                         |                     |                    |  |
| Title  |                        |                |               |                         |                     |                    |  |
| Employer<br>Phone                                      | Country (              | `odo           |               | Telephone #             |                     | Ext.               |  |
| Filone   | Country                | Joue           |               | relephone #             |                     | EXI.               |  |
| Email Address  |                        |                |               |                         |                     |                    |  |
| Address line 1   |                        |                |               |                         |                     |                    |  |
| Address line 2   |                        |                |               |                         |                     |                    |  |
| Address line 3   | Postal Code            |                |               |                         |                     |                    |  |
| City   |                        |                |               | Country                 |                     |                    |  |
|  |                        |                |               |                         |                     |                    |  |
| 15. QUESTIONNAIRE (Mandatory to complete)              |                        |                |               |                         |                     |                    |  |
| 1. Are you now, or have y                              |                        | ermanent civ   | il servant in | your government's er    | mploy? If th        | e answer is yes,   |  |
| please provide the date                                |                        |                | <del></del>   |                         | - s F               |                    |  |
| ☐ Yes ☐ No   | From Date (dd/mm/yyyy) |                |               |                         | To Date<br>nm/yyyy) |                    |  |
| Have you ever been arr                                 |                        | summoned       | n court as a  |                         |                     | ing, or convicted. |  |
| fined or imprisoned for                                |                        |                |               |                         |                     |                    |  |
| details below.   |                        |                |               |                         |                     |                    |  |
|  | Details                |                |               |                         |                     |                    |  |
| ☐ Yes ☐ No   |                        |                |               |                         |                     |                    |  |
| 3. Have you ever been the                              | e subject of an inv    | estigation int | o allegation  | s of misconduct?        |                     |                    |  |
| ☐ Yes ☐ No   |                        |                |               |                         |                     |                    |  |
| <ol><li>Have you ever been su</li></ol>                | bject to disciplinar   | y proceeding   | gs or measu   | ires?                   |                     |                    |  |
| ☐ Yes ☐ No   |                        |                |               |                         |                     |                    |  |
| <ol><li>Would you accept empl</li></ol>                | loyment for less th    | an six month   | ns?           |                         |                     |                    |  |
| ☐ Yes ☐ No   |                        |                |               |                         |                     |                    |  |
| 6. Entry in United Nations                             |                        |                |               |                         |                     |                    |  |
| responsibilities. Are the                              |                        |                |               |                         |                     |                    |  |
| details below.   | Details                |                |               |                         |                     |                    |  |
|  | DetailS                |                |               |                         |                     |                    |  |
| ☐ Yes ☐ No   |                        |                |               |                         |                     |                    |  |

| <ol> <li>Entry in United Nations<br/>have responsibilities. A</li> </ol>               |  |               |                         |                 |                              |  |
|--|--|---------------|-------------------------|-----------------|------------------------------|--|
| ·  | Details                                |               | 0 0                     |                 |                              |  |
| ☐ Yes ☐ No   |  |               |                         |                 |                              |  |
| deployment to such fiel  |  | ifficult, hig | gh-risk, and non-fami   | ly locations. D | o you commit to accepting a  |  |
| ☐ Yes ☐ No 9. Do vou have a spouse   | or any children? If ves                | s, please r   | provide below the nar   | mes, dates of   | birth and the relationships. |  |
| ☐ Yes ☐ No   | or any ormaton. If you                 | , piodoo p    | siovido solow tilo ilai | noo, datoo o.   | entir and the relationerupe. |  |
| Nan  | ne                                     |               | Birth Date (dd/m        | ım/yyyy)        | Relationship                 |  |
|  |  |               |                         |                 |                              |  |
|  |  |               |                         |                 |                              |  |
|  |  |               |                         |                 |                              |  |
|  |  |               |                         |                 |                              |  |
|  |  |               |                         |                 |                              |  |
| <ol> <li>Have you taken up legation</li> <li>If the answer is yes, pleating</li> </ol> |  |               | n any country other th  | nan that of you | ur nationality?              |  |
| ☐ Yes ☐ No   | Country                                |               |                         |                 |                              |  |
| 11. State any other relevan  |  | ation rega    | arding any residence    | outside the co  | ountry of your nationality.  |  |
| ☐ Yes ☐ No   | Details  ☐ Yes ☐ No                    |               |                         |                 |                              |  |
| 12. Have you taken any leg   |  |               | r present nationality?  |                 |                              |  |
| If the answer is yes, please add details below.  |  |               |                         |                 |                              |  |
| ☐ Yes ☐ No   | Details                                |               |                         |                 |                              |  |
| 13. Are any of your relative   | L<br>s, or is your spouse er           | mployed k     | oy a UN organization    | or Specialize   | d Agency? If the answer is   |  |
| yes, please indicate Na  |  |               |                         |                 |                              |  |
| Yes No   |  |               |                         |                 |                              |  |
| Name   |  | К             | elationship             | Name of I       | nternational Organization    |  |
| 14. How did you hear abou  | t this vacancy?                        |               |                         |                 |                              |  |
|  | b <u>si</u> te ☐ Campus Pre            |               |                         |                 |                              |  |
|  | Government Agen<br>Board (UNJobFinder, |               |                         |                 |                              |  |
|  | ation    Referral by a                 |               |                         | 00, 2010,,      |                              |  |
| CONFIRMATION AND CONSE   | NT (Mandatory to com                   | plete)        |                         |                 |                              |  |
| To complete your application you   |  |               | lowing:                 |                 |                              |  |
| ACCURACY OF CONTENT: Th  |  |               |                         |                 |                              |  |
| <b>EDUCATION INFORMATION</b> - for Refugees (UNHCR) to contact                         |  |               |                         |                 |                              |  |
| required reference checks with r   | egard to your education                |               |                         |                 |                              |  |
| received at each educational ins<br>You also authorize the mentione                    |  | ons to pro    | vide requested inforr   | nation directly | to UNHCR. Any information    |  |
| received from your educational i WORK EXPERIENCE - You are                             | nstitutions will be treat              | ed with d     | ue regard to all confi  | dentiality requ | irements; and,               |  |
| Experience, as well as check yo  |  |               |                         | оуего, іг арріі | cable, regarding work        |  |
| Finally, you understand that s   | ubmission of false im                  |               |                         |                 |                              |  |
|  |  | r which s     | evere disciplinary s    | anctions car    | 1 be imposed.                |  |
| documentation constitutes se   | rious misconduct for                   |               |                         |                 | •                            |  |
| documentation constitutes se   |  |               |                         |                 | •                            |  |
| documentation constitutes se   | rious misconduct for                   |               |                         |                 | •                            |  |
| documentation constitutes se   | rious misconduct for                   |               |                         |                 | •                            |  |
| documentation constitutes se   | rious misconduct for                   | g as part c   |                         |                 | •                            |  |
| documentation constitutes se   | rious misconduct for                   | g as part c   | of the process of eval  |                 | •                            |  |