



Electronic Application for Seconded Police
Non-Contracted Post

INSTRUCTIONS

Please read carefully and follow all directions. Please answer each question clearly and completely. Only TYPED forms, submitted by Permanent Missions to the United Nations will be accepted by the UN Police Division.

1. CANDIDATE AND APPLICATION INFORMATION

Family Name:		First Name:		Middle Name:	
Date of Birth: / /		Nationality:		Gender:	
National ID Type:		National ID Number:		Marital Status:	
Type of post for which you are applying?			For which UN Field Mission is this application (<i>if known</i>)?		
Did you pass an Assessment for Mission Service (A.M.S.)?		If yes, Date (dd/mm/yyyy): / /		Place:	
Type of National Service:			Current Rank:		

2. CONTACT INFORMATION

Primary Phone: +		Office: +		Primary Email:		Alternative:	
City:		State/Province:		Country:			

3. POLICE EXPERTISE

Preferred Field of Work:		Main Field of Expertise:	
Additional Expertise:		Additional Expertise:	

4. POLICE AND ACADEMIC EDUCATION HISTORY

When did you join the Police? /				
POLICE TRAINING INSTITUTION	DATES ATTENDED		RANK UPON GRADUATION	LOCATION
	From	To		
	/	/		
	/	/		
	/	/		
ACADEMIC INSTITUTION (NAME & LOCATION)	DATES ATTENDED		DEGREE LEVEL	COURSE OF STUDY
	From	To		
	/	/		
	/	/		
	/	/		
	/	/		
	/	/		
	/	/		

Other Educational Achievement:

5. PREVIOUS WORK EXPERIENCE (please list your experience in reverse chronological order in the fields below)			
Do you have International Experience with the United Nations? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, for how long? Years Months			I.M.I.S. Index:
ORGANIZATION	DATES ATTENDED	POSITION TITLE(S)	BRIEF DESCRIPTION OF RESPONSIBILITIES
1.	From: / To: /		
2.	From: / To: /		
3.	From: / To: /		
4.	From: / To: /		
5.	From: / To: /		
6.	From: / To: /		
7.	From: / To: /		
8.	From: / To: /		
9.	From: / To: /		
10.	From: / To: /		
11.	From: / To: /		

5. PREVIOUS WORK EXPERIENCE (continued)			
ORGANIZATION	DATES ATTENDED	POSITION TITLE(S)	BRIEF DESCRIPTION OF RESPONSIBILITIES
12.	From: / To: /		
13.	From: / To: /		
14.	From: / To: /		
15.	From: / To: /		
16.	From: / To: /		
17.	From: / To: /		
18.	From: / To: /		
19.	From: / To: /		
20.	From: / To: /		
21.	From: / To: /		
22.	From: / To: /		

6. LANGUAGE PROFICIENCY								
What is your Mother Tongue?				If another Mother Tongue:				
Proficiency in Other Language(s):	READ		WRITE		SPEAK		UNDERSTAND	
	Easily	Not Easily	Easily	Not Easily	Fluently	Not Fluently	Easily	Not Easily
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. VEHICULAR PROFICIENCY <i>(If you have a driver's license, please provide the details below)</i>		
Year Began Driving:	Driver License Number:	Category:
Frequency of Driving:	Date of Issue: / /	Date of Expiry: / /

8. TECHNOLOGY PROFICIENCY		
LEVEL	LEVEL	Please specify any other relevant technological knowledge or skills:
1. Word Processing	3. Spreadsheet	
2. Presentation	4. General Internet	

9. CERTIFICATIONS			
Please list any Professional or Academic Certifications which you may have received.			
TITLE	DATE ISSUED	ISSUING AUTHORITY	BRIEF DESCRIPTION
1.	/		
2.	/		
3.	/		
4.	/		
5.	/		
6.	/		
7.	/		
8.	/		

PLEASE DO NOT WRITE OR TYPE ON THIS PAGE