



**AUSTRIAN  
RED CROSS**

## PERSONAL HISTORY

Type or print in ink and send to the

**Austrian Red Cross**

**International Aid**

Wiedner Hauptstraße 32

A-1041 Wien, Austria

Tel. 0043 1 / 58 900 / 335

Fax 0043 1 / 58 900 / 339

Attach here

a recent

PHOTOGRAPH

### PERSONAL DATA

Family name (surname): _____	Maiden name (if any): _____
First name(s) (underline the one normally used): _____	_____
Permanent address: _____	Country: _____
Address to which correspondence should be sent (if different) :	
Home telephone No.: _____	Office telephone No.: _____
Fax No: _____	Internet address: _____
Place of birth: _____	Date of birth: _____
Place of origin: _____	Canton/Country: _____
Nationality(ies): _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Religion: _____	Military rank (if applicable): _____
Driver's licence: <input type="checkbox"/> car <input type="checkbox"/> automatic transmission car only	AVS or social security No.: _____
<input type="checkbox"/> truck <input type="checkbox"/> truck/trailer	
Work permit (for non-Swiss candidates only): <input type="checkbox"/> None <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Other _____	Expires: _____

### FAMILY

<b>Marital status:</b> <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widow(er) <input type="checkbox"/> partner
<b>Spouse</b>
Surname, first name: _____ Date of birth: _____ Nationality: _____
<b>Father</b>
Surname, first name: _____ Date of birth: _____ Nationality: _____
<b>Mother</b>
Surname, first name: _____ Date of birth: _____ Nationality: _____
<b>Paternal grandfather</b>
Surname, first name: _____ Date of birth: _____ Nationality: _____
<b>Dependent children</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Number of dependent children: _____
Surname, first name: _____ Date of birth: _____ Nationality: _____
Surname, first name: _____ Date of birth: _____ Nationality: _____
Surname, first name: _____ Date of birth: _____ Nationality: _____
Surname, first name: _____ Date of birth: _____ Nationality: _____

The information contained in this personal history will be treated as confidential.



**EMPLOYMENT RECORD** (list in reverse order starting with your present post)

Duration of employment (months, years)	Full name and address of employer
From ____ To ____	Duties _____
From ____ To ____	Duties _____
From ____ To ____	Duties _____
From ____ To ____	Duties _____
From ____ To ____	Duties _____
From ____ To ____	Duties _____
From ____ To ____	Duties _____
From ____ To ____	Duties _____
From ____ To ____	Duties _____

**REFERENCES** (list at least three)

Professional	Full name	Full address (+ e-mail if possible)	Telephone No.
1	_____	_____	_____
2	_____	_____	_____
<b>Private</b>			
1	_____	_____	_____
2	_____	_____	_____

we may consult them freely
  with your prior agreement

**What prompted you to apply?**

<input type="checkbox"/> spontaneous	<input type="checkbox"/> advertisement	<input type="checkbox"/> recommendation	<input type="checkbox"/> presentation of the ICRC
<input type="checkbox"/> National Society (please specify): _____			
If you are working for a National Society, have you already followed a Basic Training Course (BTC)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Place and date of BTC: _____		ICRC representative: _____	

**Have you made any previous offer of services to the International Red Cross and Red Crescent Movement?**     Yes    If so, please specify: \_\_\_\_\_     No

<input type="checkbox"/> ICRC	When: _____	Position sought: _____
<input type="checkbox"/> Federation	When: _____	Position sought: _____
<input type="checkbox"/> National Society (please specify): _____	When: _____	Position sought: _____

**ADDITIONAL INFORMATION**

<b>Position desired</b>	
<input type="checkbox"/> abroad	type of work: _____
<input type="checkbox"/> in Geneva	type of work: _____

<b>Availability</b>		
<input type="checkbox"/> unlimited	<input type="checkbox"/> limited	number of months: _____
Earliest starting date: _____		

Notice required to leave your current employer (months): _____	Gross annual salary desired: _____
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<b>Observations:</b>

I certify that the statements I have made in answer to the foregoing questions are to the best of my knowledge true, complete and correct.

Place and date: _____	Signature: _____
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**ANNEX TO THE PERSONAL HISTORY**

Family Name:	First Name:
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**OTHER PERSONAL INFORMATION**

<b>Special professional interests</b>
<b>Engagements and extra-professional activities (<i>community life - political - social and/or humanitarian - human rights body - etc.</i>)</b>
<b>Spare Time - Sport Activities</b>
<b>Foreign Travel (<i>other than professional or for training</i>)</b>

Place and date: _____	Signature: _____
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