

<p align="center">INSTRUCTIONS</p> <p>Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions.</p>	<p align="center">ACTIONS FOR GENUINE DEMOCRATIC ALTERNATIVES</p> <p align="center">Application form</p>	<p>PHOTO</p>
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1. Family Name		First Name	Middle Name	Maiden name, if any	
2. Date of Birth: Day Mo Yr	3. Place of Birth	4. Nationality (ies) at birth		5. Present Nationality (ies)	6. Sex
7. Height	8. Weight	9. Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/>			
10.					
11. Permanent address:		12. Present address:		13. Office Telephone No.	
Do you have dependents? YES <input type="checkbox"/> NO <input type="checkbox"/> If the answer is "YES", give the following information					
NAME	Date of Birth	Relationship	NAME	Date of Birth	Relationship

16. What is your preferred field of work?	
17. Would you accept employment for less than six month? YES <input type="checkbox"/> NO <input type="checkbox"/>	18. Have you previously submitted an application for employment with AGENDA? If yes, when?

19. KNOWLEDGE OF LANGUAGES. What is your mother tongue?

OTHER LANGUAGES	READ		WRITE		SPEAK		UNDERSTAND	
	EASILY	Not Easily	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily

20. Indicate speed in words per minute.

	English	French	Other Languages		Are you computer literate?

21. Education.-NB. Please give exact titles of degrees in original language, not its equivalent.

A. University/ Equivalent

Name, Country	Attended from-to	Degrees and Academic Distinctions Obtained	Main course of study

22. Schools or other formal training or Education

NAME, COUNTRY	TYPE	ATTENDED FROM/TO	CERTIFICATES OR DOPLOMAS OBTAINED

23. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (DO NOT ATTACH)

- 1.
- 2.
- 3.

24. EMPLOMENT RECORD: Starting with your present post, list in reverse order every employment you have had.

FROM	TO	SALARIES PER ANNUM	EXACT TITLE OF YOUR POST
MONTH/YEAR	MONTH/YEAR	STARTING –FINAL	
NAME OF EMPLOYER:			TYPE OF BUSINESS:
ADDRESS OF EMPLOYER			NAME OF SUPERVISOR:
TEL:			REASON FOR LEAVING:
E-MAIL:			
DESCRIPTION OF YOUR DUTIES			

PREVIOUS POSTS (IN REVERSE)

FROM	TO	SALARIES PER ANNUM	EXACT TITLE OF YOUR POST
MONTH/YEAR	MONTH/YEAR	STARTING –FINAL	
NAME OF EMPLOYER:			TYPE OF BUSINESS:
ADDRESS OF EMPLOYER			NAME OF SUPERVISOR:
TEL:			REASON FOR LEAVING:
E-MAIL:			
DESCRIPTION OF YOUR DUTIES			

FROM	TO	SALARIES PER ANNUM	EXACT TITLE OF YOUR POST
MONTH/YEAR	MONTH/YEAR	STARTING –FINAL	
NAME OF EMPLOYER:			TYPE OF BUSINESS:
ADDRESS OF EMPLOYER			NAME OF SUPERVISOR:
TEL:			REASON FOR LEAVING:
E-MAIL:			
DESCRIPTION OF YOUR DUTIES			

FROM	TO	SALARIES PER ANNUM	EXACT TITLE OF YOUR POST
MONTH/YEAR	MONTH/YEAR	STARTING –FINAL	
NAME OF EMPLOYER:			TYPE OF BUSINESS:
ADDRESS OF EMPLOYER			NAME OF SUPERVISOR:
TEL:			REASON FOR LEAVING:
E-MAIL:			
DESCRIPTION OF YOUR DUTIES			

25. Have you any objections to our making inquiries of your present/last employer?
YES___ NO___

26. Are you now, or have you ever been, a permanent civil servant in you government employ? YES___ NO___

27. Are you now, or have ever been a member of any Liberian political Party? YES___ NO___

28. If yes, which party?

29. Why were you attracted to that party?

REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications. Do not repeat your supervisors names previously mentioned.		
FULL NAME	FULL ADDRESS	BUSINESS/OCCUPATION

31. 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? YES___ NO___

32. If “yes”, give full particular of each case and attached statement.

I certify that the statement made by me in answering 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 personal history form or other documents requested renders a staff member of the Actions for Genuine Democratic Alternatives liable to termination or dismissal.

DATE: _____

SIGNATURE: _____

N.B. You will be requested documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been ask to do so by the organization and, in any event, do not submit the original texts or references or testimonials unless they have obtained for the sole use of organization.