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| INSTRUCTIONS  Please answer each question clearly and completely. *Type* or *print in ink.* Read carefully and follow all directions | | | | | | IRAN-UNITED STATES CLAIMS TRIBUNAL  The Hague, Netherlands  PERSONAL HISTORY FORM[[1]](#footnote-1)+ | | | | | | | | | | | | | | | | | PLEASE SUPPLY  TWO PASSPORT  PHOTOGRAPHS | | | | | | |
| 1. Family name[[2]](#footnote-2)\* | | First name | | | | | | | | | | | Other names | | | | | | | Maiden name | | | | | | | | | |
| 2. Date of birth | | 3. Place of birth | | | | | | | | | | | 4. Nationality at birth | | | | | | | 5. Present nationality | | | | | | | | | 6. Sex |
| 7. Are you aware of any circumstances that may give rise to justifiable doubts as to your impartiality or independence with regard to litigation of claims as between Iran and the United States? If so, please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Permanent address | | | | | | | | | | 9. Present address | | | | | | | | | | | | 10. Permanent telephone no. | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | 11. Present telephone no. | | | | | | | |
| 12. Have you any dependents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes ‬ | No‬ | | | | | | | | | If the answer is “yes”, give the following information: | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | Age | | | Relationship | | | | NAME | | | | | | | | | | Age | | | Relationship | | |
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| 13. Have you taken up legal permanent residence status in any country other than that of your nationality?  If answer is “yes” which country? | | | | | | | | | | | | | | | | | | | | | | YES ‬ | | | | NO ‬ | | | |
| 14. Have you taken any legal steps towards changing your present nationality?  If answer is “yes”, explain fully: | | | | | | | | | | | | | | | | | YES ‬ | | | | NO ‬ | | | | | | | | |
| 15. Do you, or any of your close relatives work for, or have any close connection with, any company or government authority in Iran or the U.S.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | Relationship | | | | | | Company/Government authority. | | | | | | | | | | | | | |
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| 16. What is your preferred field of work? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Would you accept employment for less than six months? | | | | | | | | | | | | 18. If offered an appointment, when could you report for duty? | | | | | | | | | | | | | | | | | |
| YES ‬ | | | | No ‬ | | | | | | | |
| 19. 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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| 20. For clerical grades only. *Indicate speed in words per minute* | | | | | | | | | | | | | | | | | | *List any office machines or equipment you can use* | | | | | | | | | | | |
|  | | | | | | | |  | | | Other languages | | | | | | |
|  | | | English | | | | | French | | | Farsi | | | |  | | |
| Typing | | |  | | | | |  | | |  | | | |  | | |
| Shorthand | | |  | | | | |  | | |  | | | |  | | |

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| 21. EDUCATION. Give full details | | *N.B. Please give exact name of institution and titles of degrees in original language. Please do not translate or equate to other degrees* | | | | | | | | |
| A. University or equivalent | |  | | | | | | | | |
| Name, place and country | | | Years attended | | | Degrees and academic distinctions | | | | Main course of study |
| from | | to |
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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 | | | Years attended | | | Certificates or diplomas obtained | |
| from | to | |
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| 22. List professional societies and activities in civic, public or international affairs | | | | | | | | | | |
|  | | | | | | | | | | |
| 23. List any significant publications you have written *(Do not attach)* | | | | | | | | | | |
|  | | | | | | | | | | |
| 24. EMPLOYMENT RECORD: Starting with your present post, list *in reverse order* every employment you have had. Use a separate block for each post. 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. | | | | | | | | | | |
| 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: | | | | |
| Number and kind of employees supervised by you: | | | | Reason for leaving: |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | |
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| 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: | |
| Number and kind of employees supervised by you: | Reason for leaving: |
|
| 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: | |
| Number and kind of employees supervised by you: | Reason for leaving: |
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| 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: | |
| Number and kind of employees supervised by you: | Reason for leaving: |
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| 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: | |
| Number and kind of employees supervised by you: | Reason for leaving: |
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| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| 25. Have you any objections to our making inquiries of your present employer? | | | YES ‬ | | NO ‬ | | | |
| 26. Are you now, or have you ever been, a permanent civil servant in your government's employ? | | | | | YES ‬ | | | NO ‬ |
| If answer is “yes”, when? | | | | | | | | |
| 27. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications. | | | | | | | | |
| FULL NAME | FULL ADDRESS | | | | | BUSINESS OR OCCUPATION | | |
| 1. |  | | | | |  | | |
| 2. |  | | | | |  | | |
| 3. |  | | | | |  | | |
| 28. State any other relevant facts. Include information regarding any residence outside the country of your nationality. | | | | | | | | |
| 28.a. Have you visited Iran or the United States? If so, please indicate date, duration and purpose of such visit/s: | | | | | | | | |
| 29. Have you ever 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. | | | | | | | | |
| 30. I certify that the statements made by me in this form are true, complete, and correct, to the best of my knowledge and belief. I understand that any misrepresentation or material omission herein, or in any document I produce to the Tribunal, renders me liable to dismissal. | | | | | | | | |
| DATE: | | SIGNATURE: | | | | | | |
| N.B. Please do not send any documentary evidence in support of the statements you have made unless and until asked to do so. In that event, send only copies, not the originals. | | | | | | | | |

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1. + Please return the completed form to: Secretariat Recruitment Section, Iran-United States Claims Tribunal, Parkweg 13, 2585 JH, The Hague, The Netherlands, or e-mail to [administrator-asg@iusct.nl](mailto:administrator-asg@iusct.nl). [↑](#footnote-ref-1)
2. \* Please indicate any changes of family name other than through marriage, and state original family name. [↑](#footnote-ref-2)