



PERSONAL HISTORY FORM

AFRICAN EXPORT IMPORT BANK (Afrexim Bank)
 World Trade Centre, 1191 Corniche
 P.O. BoX 404, Gezira, Cairo 11568
 Egypt
 Telephone + 202 2578 0282
 Fax Nos. + 202 2579 1419

Afreximbank website (www.afreximbank.com)

Applicant Passport/ID No.

Attach recent

Passport size photo

Application Source: Afreximbank website (www.Afreximbank.com) Others: (please specify below)

P (please mark box)

Instructions:

1. Personal History Form (PHF) must be submitted for an application to be valid, indicating the application source. The maximum validity period for a PHF is two (1) year from date of receipt.
2. Please follow directions given, type or print your answer to each question clearly, completely, and concisely.
3. Please provide a cover letter stating out why you should be considered for the position.

1. Family Name (Last name) First Name Middle Name

2. Permanent Address (City/State/Country) Telephone Numbers
 Home
 Other

3. Contact Address (City/State/Country) Zip Code
 Phone
 Fax
 E-mail

Validity Dates for Contact:

From To

4. Gender M F
 5. Civil Status Single Married Other (Please specify)

6. Date of Birth
 7. Place of Birth
 8. Citizenship

9. Family Members: (Spouse, Children, Parents, Parents-in-Law)

Name (Family Name, First Name)	Nationality	Relationship	Date of Birth		
			DD	MM	YYYY

10. If you have a spouse, specify his/her current occupation and name of organization.

11. Name of person to be notified in case of emergency
 Complete Address
 12. Telephone Number

13. Have you obtained legal/permanent residence status in any country other than that of your citizenship?
 Yes No
 If "Yes" which country and when?

14. Have you any relative in the African Export-Import Bank or other similar international organization?
 Yes No
 If "Yes" give name, relationship and organization:

15. Job Position preference
 1st
 2nd
 3rd

16. Beginning with your native language, enter all languages you know. Please indicate your proficiency by marking the appropriate box.

Language	Reading			Writing			Speaking			Understanding		
	Good	Fair	Slight	Good	Fair	Slight	Good	Fair	Slight	Good	Fair	Slight

17. EDUCATION: *(Please give full details)*

A. Schools or other formal training from age 14 (e.g. High School, technical school or apprenticeship)

Period of Attendance

Name, City and Country	From		To		Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	MM	YYYY	MM	YYYY			Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

B. University or Equivalent

Period of Attendance

Name, City and Country	From		To		Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	MM	YYYY	MM	YYYY			Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

C. Post-Graduate Studies

Period of Attendance

Name, City and Country	From		To		Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	MM	YYYY	MM	YYYY			Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

D. Part-time Study Program

Period of Attendance

Name, City and Country	From		To		Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	MM	YYYY	MM	YYYY			Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

E. Professional qualifications or specialized training (e.g. Certified Public Accountant, Chartered Secretary, Bar Admission, Banking, Engineering, etc.)

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18. Other special qualifications in financial, development, or planning institutions. *(Please give details. Use separate sheet, if necessary)*

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19. Membership in professional societies and activities in civic, public, or international affairs.

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20. List significant publications you have written. *(Do not attach)*

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21. List information technology skills in terms of software, programming languages, ERP systems, equipment and others, and indicate your proficiency level (i.e. "L" for low; A for average; "H" for High)

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22. Have you previously submitted an application in AFREXIMBANK? If "Yes", indicate date.

Yes

No

DD MM YYYY

DD	MM	YYYY

23. Have you ever been employed by/assigned in AFREXIMBANK(regular, consultant, contractual or temporary)?
If "Yes", please provide details in your Employment Record in item below.

Yes

No

24. EMPLOYMENT RECORD: (Starting with your present/latest job, list every job you have had. Use a separate block for each job. Include also service in the armed forces and periods during which you were not gainfully employed. If you need more space, attach additional pages of the same format. For consulting assignments, please indicate equivalent person-months.

From			To			Annual Salary		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	
Others (e.g. Bonuses, etc.)								
Term: Part-time		<input type="checkbox"/>	Full-time		<input type="checkbox"/>			
Name and Address of Organization:								
<div style="border: 1px solid black; height: 20px;"></div>								

Nature of Business:	Telephone No.
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Describe your Work: (Pls. use allotted fields. Do not write in shaded areas or add spaces. You may attach a CV containing additional information, if necessary.)

From			To			Annual Salary		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	
Others (e.g. Bonuses, etc.)								
Term: Part-time		<input type="checkbox"/>	Full-time		<input type="checkbox"/>			
Name and Address of Organization:								
<div style="border: 1px solid black; height: 20px;"></div>								

Nature of Business:	Telephone No.
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Describe your Work:

From			To			Annual Salary		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	
Others (e.g. Bonuses, etc.)								
Term: Part-time		<input type="checkbox"/>	Full-time		<input type="checkbox"/>			
Name and Address of Organization:								
<div style="border: 1px solid black; height: 20px;"></div>								

Nature of Business:	Telephone No.
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Describe your Work:

From			To			Annual Salary		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	

Others (e.g. Bonuses, etc.)

Term: Part-time Full-time

Name and Address of Organization:

Name and Position of Supervisor:

Nature of Business:

Telephone No.

No. and Category of Employees you Supervised:

Reason for Leaving:

Describe your Work:

25. State any other relevant facts. Include international experience, stating place and duration.

26. Have you any objections to our making inquiries with your present employer? Yes No

If "Yes", why?

27. Are you physically able and willing to travel?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	By Air? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequently <input type="checkbox"/>	Occasionally <input type="checkbox"/>
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28. Have you ever been arrested, indicted or summoned into court as defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?

Yes No

29. Have you ever been discharged or forced to resign from any position? Yes No

If "Yes", give details:

30. What approximate starting salary will be acceptable to you for the position you have in mind? (Professional Staff and Local Staff paid in US dollars)

per month

31. If your services are required at the earliest possible time, how soon will you be available to start work after being found suitable and physically fit for employment?

Immediately Week's Time Other (Please specify)

32. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. Permission is given to AFREXIMBANK to make such investigations as are necessary on the information given above. I understand that any misrepresentation or material omission made herein or in any other document requested by AFREXIMBANK renders a staff member liable to termination of service or dismissal.

Date: Signature:

N.B.