

COMISION INTERAMERICANA DEL ATUN TROPICAL INTER-AMERICAN TROPICAL TUNA COMMISSION

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IATTC - Personal history form

| INSTRUCTIONS | | | | | | | | | | |
|--|------------------|---|----------|---|-------------|-------------------------------------|------------------------------------|---------------------|--|--------------|
| Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. | | | | | | | | | | |
| 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"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> | | | | | | | | |
| 10. Permanent address Telephone/e-mail | | | | 11. Present address (if different) Telephone/e-mail | | | 12. Office telephone/e-mail | | | |
| 13. Have you any 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 |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 14. 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 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 15. EDUCATIONAL. Give full details - N.B. Please give exact titles of degrees in original language. A. UNIVERSITY OR EQUIVALENT Please do not translate or equate to other degrees. | | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | ATTENDED FROM/TO | | DEGREES and ACADEMIC | | MAIN COURSE OF STUDY | | | | |
| | | Mo./Year | Mo./Year | DISTINCTIONS OBTAINED | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g. high school, technical school or apprenticeship) | | | | | | | | | | |

| NAME, PLACE AND COUNTRY | TYPE | ATTEND FROM/TO | | CERTIFICATES OR DIPLOMAS OBTAINED |
|-------------------------|------|----------------|----------|-----------------------------------|
| | | Mo./Year | Mo./Year | |
| | | | | |
| | | | | |

16. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS

17. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (do not attach)

18. 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. Give both gross and net salaries per annum for your last or present post.

A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)

| From | To | Salaries per annum | | EXACT TITLE OF YOUR POST: |
|----------------------------|----------|--------------------|-----------|---------------------------|
| Mo./Year | Mo./Year | Starting pay | Final pay | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: |
| | | | | NO. AND KIND OF EMPLOYEES |
| SUPERVISED BY YOU: | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | |
| | | | | |

B. PREVIOUS POSTS (IN REVERSE ORDER)

| From | To | Salaries per annum | | EXACT TITLE OF YOUR POST: |
|----------------------------|----------|--------------------|-----------|---------------------------|
| Mo./Year | Mo./Year | Starting pay | Final pay | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: |
| | | | | NO. AND KIND OF EMPLOYEES |
| SUPERVISED BY YOU: | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | |
| | | | | |

| | | | | | |
|--|----------|--------------------|-----------|---|---------------------|
| From | To | Salaries per annum | | EXACT TITLE OF YOUR POST: | |
| Mo./Year | Mo./Year | Starting pay | Final pay | | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
| | | | | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES | | | | | |
| | | | | | |
| From | To | Salaries per annum | | EXACT TITLE OF YOUR POST: | |
| Mo./Year | Mo./Year | Starting pay | Final pay | | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
| | | | | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES | | | | | |
| | | | | | |
| <p>19. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>20. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications. Do not repeat names of supervisors listed under item 18.</p> | | | | | |
| FULL NAME | | FULL ADDRESS | | BUSINESS OR OCCUPATION | |
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| | | | | | |
| <p>21. 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</p> <p>DATE: _____ SIGNATURE: _____</p> | | | | | |