

# COMISION INTERAMERICANA DEL ATUN TROPICAL INTER-AMERICAN TROPICAL TUNA COMMISSION

8901 La Jolla Shores Drive, La Jolla CA 92037-1509, USA – www.iattc.org  
Tel: (858) 546-7100 – Fax: (858) 546-7133 – Director: Guillermo Compeán

## IATTC - Personal history form

INSTRUCTIONS										
Please answer each question clearly and completely. <b>Type or print in ink.</b> Read carefully and follow all directions.										
<b>1.</b> Family name		First name			Middle name			Maiden name, if any		
<b>2.</b> Date of birth Day Mo. Yr.		<b>3.</b> Place of birth		<b>4.</b> Nationality (ies) at birth		<b>5.</b> Present nationality (ies)		<b>6.</b> Sex		
<b>7.</b> Height	<b>8.</b> Weight	<b>9.</b> Marital status:  Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/>								
<b>10.</b> Permanent address  Telephone/e-mail				<b>11.</b> Present address (if different)  Telephone/e-mail			<b>12.</b> Office telephone/e-mail			
<b>13.</b> 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
<b>14.</b> 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		
<b>15.</b> EDUCATIONAL. Give full details - N.B. Please give exact titles of degrees in original language.										
<b>A. UNIVERSITY OR EQUIVALENT</b> 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>B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14</b> (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:				
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:				
DESCRIPTION OF YOUR DUTIES				
<b>19. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/></b>				
<b>20. REFERENCES:</b> 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.				
FULL NAME		FULL ADDRESS		BUSINESS OR OCCUPATION
<b>21.</b> 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				
DATE: _____ SIGNATURE: _____				