**Amnesty International Philippines**

CURRICULUM VITAE

*Please download and fill out this form electronically*

Please return the completed form to: **jobs@amnesty.org.ph**

Position Applied For\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL DETAILS

| Surname: Title (Ms/Miss/Mrs/Mr/Mx/Other):  | First Name: Name you prefer to be known:(if different from your first name) |
| --- | --- |
| In case of emergency, Contact: | Address and Contact Details of Person to contact in case of an emergency:   |
| Address of applicant:    | Applicant’s telephone: |
|  | Applicant’s Home Applicant’s Business phone: Applicant’s Mobile: |
|  | Applicant’s Fax: |
|  | Applicant’s Email: |

GENERAL INFORMATION

| Languages Spoken(include languages other than those listed below, as appropriate) | Please indicate level: fluent/good/intermediate/basic |  |  |  |
| --- | --- | --- | --- | --- |
|  | Understand | Speak | Read | Write |
| English |   |   |   |   |
| Tagalog |   |   |   |   |
| Cebuano |   |   |   |   |
| Hiligaynon |   |   |   |   |
| Ilokano |   |   |   |   |
|  Others, pls. specify |   |   |   |   |

WORK EXPERIENCE

Please describe the jobs you have done, including your duties and responsibilities. Start with your current/most recent job.

| Dates | Name and address of employer | Job Title and brief description of your responsibilities | Reason for leaving andSalary at the time of leaving job |
| --- | --- | --- | --- |
| From | To |  |  |  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

EDUCATION and TRAINING

Please give details of courses you have attended and, if applicable, qualifications gained

| Dates |  | Name and address of University/Institution/Provider | Details of course attended | Qualifications gained(if any) |
| --- | --- | --- | --- | --- |
| From | To |  |  |  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

 PAST AND PRESENT INVOLVEMENT/S WITH AMNESTY INTERNATIONAL

Please describe your involvement/s with AI, past and present. Please include dates.

|       |
| --- |

 REFERENCES

Please give us the name and address of two professional referees. The first reference can be a member of AI. The other should be someone who knows your professional work well enough to be able to feedback your capacity to carry out the position.

| Name:Address Telephone  Email | Name: Address: Telephone: Email: |
| --- | --- |
| Relationship | Relationship: |

| OTHER INFORMATIONPlease use this section to explain how your experience shows that you have the ability to carry out the position. *Please use as much space as you need*.          |
| --- |

I certify that all information given in this form is true and correct.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Amnesty International Philippines**

EQUAL OPPORTUNITIES

MONITORING FORM

Amnesty International Philippines is committed to selecting employees solely on the basis of their ability to carry out a post regardless of ethnicity, religion, sex, sexual orientation or disability. A full copy of our Cultural Diversity and Equal Opportunities Policy is available upon request.

1. Where did you first learn about this job?

¨ Through an advertisement on a newspaper

¨ Through an internal notice

¨ Through another organization or network (please specify below)

¨ Through an email circular

Others: \_\_\_\_\_\_\_\_\_

2. Gender Identity

\_\_ Male

\_\_ Female

\_\_ Gender Queer

\_\_ Non-binary

\_\_ Identity not listed above, please state:

\_\_ Prefer not to say

3. Age Range

¨ 20 years old or younger

¨ 21-30 years old

¨ 31- 40 years old

¨ 41-50 years old

¨ 51-60 years old

¨ 61 years or over

4. Disability

Republic Act No. 7277 or the *"Magna Carta for Disabled Persons"* (1992) defines disability as

“a physical or mental impairment that substantially limits one or more psychological, physiological or anatomical function of an individual or activities of such individual; a record of such an impairment; or being regarded as having such an impairment”

Do you regard yourself as having a disability?

\_\_\_Yes

\_\_\_No

5. Ethnic and/or Region of Origin: