



Name: \_\_\_\_\_

File #: \_\_\_\_\_

Date: \_\_\_\_\_

### EDUCATION AND EMPLOYMENT HISTORY

3. What is the highest level of study you have reached?

\_\_\_\_\_

4. What is your profession and specialization (if any)?

\_\_\_\_\_

5. Were you ever a member of any political party, other group, or organization? Please specify the organization, dates and positions held.

Dates (dd/mm/yyyy)		Position	Organization
From	To		

6. Have you ever held a position in any government or state enterprise? (E.g. mayor, Member of Parliament, counselor, judge, managing director, etc). When and where?

Dates (dd/mm/yyyy)		Position	Organization
From	To		

7. Have you ever been employed by a government or political party in a position of responsibility or supervision? (e.g. hospital administrator, police officer, elections official, etc)

Dates (dd/mm/yyyy)		Position	Organization
From	To		

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### MILITARY SERVICE

**Note: All immigration applicants must submit official military service completion or exemption certificates.**

8. Did you serve in any militia, army, defense, or police unit (including obligatory national service, reserve or volunteer units)?

Yes  No

If no, please explain: \_\_\_\_\_

9. Where were you stationed? (Please provide dates, ranks, units and locations)

Dates (dd/mm/yyyy) From To		Rank	Unit	Location

10. What were your duties most of the time? (eg. infantryman, artillery, military policeman, radio operator, driver, other) Please describe in detail.

11. What training did you receive?

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12. Under what circumstances did your service end? (E.g. completed service, deserted, invalidated out, medical problems, etc)

13. Did you ever participate in any form of combat?

Yes  No

14. If **yes**, describe details and include specific dates and locations.

**Use a separate sheet.**

15. Have you ever witnessed or participated in ill treatment of prisoners or civilians, looting or desecration of religious buildings? If yes, describe the circumstances.

You must now read and sign the following declaration.

I (please print your full name) \_\_\_\_\_

DECLARE THAT ALL OF THE ABOVE STATEMENTS ARE TRUE, COMPLETE AND CORRECT, AND I MAKE THIS STATEMENT KNOWING THAT IT HAS THE SAME EFFECT AS APPEARING IN A COURT OF LAW.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date