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| LOGO_BLACKEuropean Union |

**ANNEX 2**

APPLICATION FORM

**EU Special Representative in Kosovo support team**

**Instructions**: Please fill the application electronically and answer each question clearly and completely.

**NOMINATION DETAILS**

Indicate positions and status regime applied for:

|  |  |
| --- | --- |
| Submitted by the Nominating Authority(Seconded Status)Ministry/Institution: | **Specify the vacancy reference (compulsory):** |
| Submitted by the candidate(Only for Contract Regime)Would you accept a contract of employment for less than six (6) months? YES NO  |
| Are you willing to serve in the EUSR support team in a position other than those specified above?YES: NO: |
| If you are selected, do you have any objection to your personnel data being made available for operational/administrative purposes for the duration of the EUSR? : YES NO  |

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| **A – PERSONAL DATA** |
| Family Name | First Name | Passport/ID number |
| Date of Birth(DD/MM/YYYY) | Place of Birth | Country of Birth | Gender |
| Present nationality | Do you have multiple nationalities? Yes □ No □ | Other nationality |
| Marital Status:Single □ Married □ Others □ | Blood Type |

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| Do you have any dependants? Yes □ No □ |
| **Name** | **Age** | **Relationship** |
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**Mailing Address** (or where you may be reached)

|  |  |
| --- | --- |
| Street | Zip/Postal Code |
| Town/City | County/State/Province | Country |
| Telephone No/GSM No. | Fax No. | Email Address |

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| Do you posses a valid driving licence?If Yes □ , what category \_\_\_\_\_ No □ |

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| Do you currently hold a security clearance? At what level? |
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| **B –EDUCATION AND PROFESSIONAL TRAINING** |

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**Did you attend a Civilian Crisis Management Course? Yes No**

**If affirmative, please indicate:**

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| --- | --- | --- |
| **Course** | **Location** | **Date (from/to)** |
| Cepol Senior Management Course |  |  |
| Cepol Strategic Planning Course |  |  |
| European Training Group Course (EGT) |  |  |
| Other: |  |  |

**University Education or Equivalent**

Give full details in chronological order starting from the most recent degree/diploma achieved. Include courses and post-graduate studies if applicable.

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| --- | --- | --- | --- |
| Name Institution / University, place and country | Degrees/Qualifications Obtained (Title of qualification awarded) | Main Course/Field of Study | Attended (mm/yy) |
| From: | To: |
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Schools or other formal vocational training

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| --- | --- | --- | --- |
| Name Institution / University, place and country | Degrees/Qualifications Obtained (Title of qualification awarded) | Main Course/Field of Study | Attended (mm/yy) |
| From: | To: |
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| **C – PROFESSIONAL EXPERIENCE** |

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| *General Information* | *Specific field of experience* | *Years* | *Give the number of personnel that you have managed at the following levels:* | *No.* |
| Total years of professional experience: | Strategic Management: |  | Strategic Management: |  |
| Upper/Middle Management: |  | Upper/Middle Management: |  |
| Operational Management: |  | Operational Management: |  |
| Technical/Skilled Functions: |  | Technical/Skilled Functions: |  |

**Fields of Expertise** (Please indicate number of years of professional experience for each field of expertise):

|  |  |  |  |
| --- | --- | --- | --- |
| Fields of Expertise | Years of Expertise | Fields of Expertise | Years of Expertise |
| International Relations |  | Operations |  |
| Political Affairs |  | Internal Control |  |
| Military Affairs |  | Investigations |  |
| Law and Human Rights |  | Intelligence and Information |  |
| Press and Public Relations |  | Human Resources |  |
| Management |  | Training |  |
| Administration & Support |  | Supply, Logistics & Transportation |  |
| Finance and Accounting |  | Communications |  |
| Programme Development |  | Information Systems |  |
| Research and Analysis |  | Immigration |  |
| Procurement |  | Border Service |  |
| Public Administration |  | Civil Protection |  |
| Monitoring |  | Prison Services |  |
| Humanitarian Affairs |  | Economic |  |
| Other |  |  |  |
| Additional information: |
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| **D – EMPLOYMENT RECORD** |

Starting with your current position, list in reverse chronological order relevant professional positions held. Use a separate block for each position.

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| --- | --- | --- | --- |
| Organisation, place and country | Position Held | Category/Rank | Date (dd/mm/yy) |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: |
| Name of employer:Address of Employer:Tel/E-mail: | Type of Business: |
| Name of Supervisor: |
| Reason for leaving: |

**Previous relevant positions (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation, place and country | Position Held | Category/Rank | Date (dd/mm/yy) |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: |
| Name of employer:Address of Employer:Tel/E-mail: | Type of Business: |
| Name of Supervisor: |
| Reason for leaving: |

**Previous relevant positions (2)**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation, place and country | Position Held | Category/Rank | Date (dd/mm/yy) |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: |
| Name of employer:Address of Employer:Tel/E-mail: | Type of Business: |
| Name of Supervisor: |
| Reason for leaving: |

**Previous relevant positions (3)**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation, place and country | Position Held | Category/Rank | Date (dd/mm/yy) |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: |
| Name of employer:Address of Employer:Tel/E-mail: | Type of Business: |
| Name of Supervisor: |
| Reason for leaving: |

**Other previous employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation, place and country | Position Held | Category/Rank | Date (dd/mm/yy) |
| From | To |
|  |  |  |  |  |
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**Previous international field experience**

(Please provide exact details in reverse chronological order.)

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| --- | --- | --- | --- |
| Organisation | Place and country  | Position Held | Date (dd/mm/yy) |
| From | To |
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| **E – FURTHER SKILLS** |

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| **Native Language** |  |

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| --- | --- |
|  | Level of proficiency |
| Other languages | Speak | Write | Read | Understand |
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**A** = Professional Fluency; **B** = Working Knowledge; **C** = Limited Knowledge

**Computer Skills** (Ability to operate the following applications)

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| --- | --- | --- | --- |
|  | Level of proficiency |  | Level of proficiency |
| Word Processing |  | Web Browser/Email |  |
| Spreadsheet |  | Database |  |
| Microsoft Outlook Express |  | Briefing/Presentations |  |
| Finance Software |  | Project management Software |  |

**A**= Excellent; **B** = Very Good; **C** = Average

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| **F – ADDITIONAL INFORMATION** |

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| List your current membership(s) in professional associations/societies and your activities in civic, public or international organisations or affairs |

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| --- |
| List trades/professions in which you are currently licensed |

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| --- |
| List any significant publications you have written (Do not attach) |

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| Explain briefly why you wish to join the EUSR: |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Do you have any objections to our making enquires of your present/past employer? |  |  |
| Are you in excellent physical condition with no chronic health problems that limit your physical activity?  |  |  |
| Are you free from any disease or health condition that may prevent you from carrying out your field assignment or may pose a threat to the health of others? |  |  |
| Are you free of any disabilities, which may limit your undertaking field work? |  |  |

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| Have you ever been convicted or sentenced in a criminal proceeding (excluding minor traffic violations). If “yes”, please submit full details of each case in an attached statement. |

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| By submitting this application form, 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. I understand that any misrepresentation or material omission made on the Application Form will result in the application being void and will result in termination or dismissal: |
| Signature | Place | Date |
|  |  |  |