

European Union



ANNEX 2

APPLICATION FORM

EU SPECIAL REPRESENTATIVE IN BOSNIA AND HERZEGOVINA

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: | <input type="checkbox"/> | Specify the vacancy reference (compulsory): |
| Submitted by the candidate (Only for Contract Regime) | <input type="checkbox"/> | Would you accept a contract of employment for less than six (6) months? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you willing to serve in the EUSR support team in a position other than those specified above?: YES: <input type="checkbox"/> NO: <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | |

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 <input type="checkbox"/> No <input type="checkbox"/> | | | Other nationality | |
| Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/> | | | | Blood Type | |

| | | | |
|-----------------------------|------------|------------------------------|-----------------------------|
| Do you have any dependants? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Name | Age | Relationship | |
| | | | |
| | | | |
| | | | |

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 |

| |
|--|
| Do you possess a valid driving licence? If Yes <input type="checkbox"/> , what category _____ No <input type="checkbox"/> |
|--|

| |
|--|
| Do you currently hold a security clearance? At what level? |
| |

B –EDUCATION AND PROFESSIONAL TRAINING

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

If affirmative, please indicate:

| 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.

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

Schools or other formal vocational training

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

C – PROFESSIONAL EXPERIENCE

| 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: | | | |
| | | | |

D – EMPLOYMENT RECORD

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

| Organisation, place and country | Position Held | Category/Rank | Date (mm/yy) | |
|--|---------------|-------------------|--------------|----|
| | | | From | To |
| | | | | |
| Description of your duties and responsibilities: | | | | |
| | | | | |
| Name of employer: | | Type of Business: | | |

| | |
|----------------------|---------------------|
| Address of Employer: | Name of Supervisor: |
| Tel/E-mail: | Reason for leaving: |

Previous relevant positions (1)

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

Previous relevant positions (2)

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

Previous relevant positions (3)

| Organisation, place and country | Position Held | Category/Rank | Date (mm/yy) | |
|--|---------------|---------------|--------------|----|
| | | | From | To |
| | | | | |
| Description of your duties and responsibilities: | | | | |

| | |
|----------------------|---------------------|
| Name of employer: | Type of Business: |
| Address of Employer: | Name of Supervisor: |
| Tel/E-mail: | Reason for leaving: |

Other previous employment

| Organisation, place and country | Position Held | Category/Rank | Date (mm/yy) | |
|---------------------------------|---------------|---------------|--------------|----|
| | | | From | To |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Previous international field experience

(Please provide exact details in reverse chronological order.)

| Organisation | Place and country | Position Held | Date (mm/yy) | |
|--------------|-------------------|---------------|--------------|----|
| | | | From | To |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

E – FURTHER SKILLS

| | |
|------------------------|--|
| Native Language | |
|------------------------|--|

| Other languages | Level of proficiency | | | |
|-----------------|----------------------|-------|------|------------|
| | Speak | Write | Read | Understand |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

A = Professional Fluency; **B** = Working Knowledge; **C** = Limited Knowledge

Computer Skills (Ability to operate the following applications)

| | 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

F – ADDITIONAL INFORMATION

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

List trades/professions in which you are currently licensed

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

Explain briefly why you wish to join the ICO/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? | | |

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.

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 |
|-----------|-------|------|
| | | |