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| EUROPEAN EXTERNAL ACTION SERVICE |
| STARS_last01 |

**Instructions**: Please fill in the application form completely electronically and rename the file "SURNAME, Firstname.docx" before sending it.

**Application form for EUBAM Rafah**

(to be sent by e-mail to **cpcc.eubamrafah@eeas.europa.eu)**

**One (1) CRT CIS OFFICER**

**CRT CfC 2-2017**

**Annex 2**

**1. NOMINATION DETAILS (indicate position(s) applied for)**

|  |  |
| --- | --- |
| **Post N°/title (specify the vacancy reference, compulsory)** | Do you have any objections to us providing feedback to your national authorities in case of non-selection? Yes  No |
| First priority:       |
| Second priority:       |
| Third priority:       |

**2. PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |       | First name |       |
| Birth date | (dd/mm/yyyy)       | Country of birth |       |
| Passport N° |       | Gender |  Male Female |
| Present nationality |       | Other nationality |       |
| Police Officer |  Yes  No | If yes, current rank |       |
| Military Officer |  Yes  No | If yes, current rank |       |
| Civilian |  Yes  No | Profession |       |
| Security clearance |  Yes  No | If yes, at what level |       |
| Driving licence |  Yes  No | If yes, category |       |

**3. CONTACT DETAILS**

|  |
| --- |
| **Home country address** |
| Street       | Zip/postal code       |
| Town/city       | County/state/province       | Country       |
| Telephone N°       | Mobile N°       | E-mail address       |
| **Alternative/current contact details** |
| Street       | Zip/postal code       |
| Town/city       | County/state/province       | Country       |
| Telephone N°       | Mobile N°       | E-mail address       |

**4. EDUCATION AND PROFESSIONAL TRAINING**

|  |  |
| --- | --- |
| **University education or equivalent** | Attended (dd/mm/yyyy) |
| Name institution/university, place and country | Degrees/qualifications obtained(Title of qualification awarded) | Main course/field of study | From: | To: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Secondary education and/or formal vocational education/training** |
| Name institution/place and country | Degrees/qualifications obtained(Title of qualification awarded) | Main course/field of study | From: | To: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Civilian crisis management courses |
| Name institution | Place and country | Course title | From: | To: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Hostile Environment Security Training or e-Hest |
| Name institution | Place and country | Course title | From: | To: |
|       |       |       |       |       |
|       |       |       |       |       |

**5. EMPLOYMENT RECORD** (in reverse chronological order)

|  |  |
| --- | --- |
| **Current/most recent position** | Current position:  Yes  No |
| **Organisation** | Place and country | Job title | Date (dd/mm/yyyy) |
|  |  |  | From: | To: |
|       |       |       |       |       |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised):       |
| Supervisor’s name:       | E-mail:       | Phone N°:       |
| **Previous position** (**1)** (only positions longer than 6 months) |
| Organisation | Place and country | Job title | Date (dd/mm/yyyy) |
|  |  |  | From: | To: |
|       |       |       |       |       |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised):       |
| Supervisor’s name:       | E-mail:       | Phone N°:       |
| **Previous position (2)** (only positions longer than 6 months) |
| Organisation | Place and country | Job title | Date (dd/mm/yyyy) |
|  |  |  | From: | To: |
|       |       |       |       |       |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised):       |
| Supervisor’s name:       | E-mail:       | Phone N°:       |
| **Previous position (3)** (only positions longer than 6 months) |
| Organisation | Place and country | Job title | Date (dd/mm/yyyy) |
|  |  |  | From: | To: |
|       |       |       |       |       |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised):       |
| Supervisor’s name:       | E-mail:       | Phone N°:       |

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| **Other previous positions and positions shorter than 6 months** |
| Organisation | Place and country | Job title | Date (dd/mm/yyyy) |
|  |  |  | From: | To: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**6. OTHER SKILLS**

|  |  |
| --- | --- |
| **Languages** (European level \*) | **Native language:**  |
| Other languages | Speak | Write | Read | Understand |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

C1, C2 = Proficient; B1, B2 = Independent User; A1, A2 = Basic User

(\*) [Common European Framework of References for Languages](http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr)

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| **Computer skills** |
| Word processor |       | Web browsing |       | Presentations |       |
| Spreadsheets |       | Financial software |       | Project management |       |

C = Proficient User; B = Independent User; A = Basic User; N/A

**7. MOTIVATION AND ADDITIONAL INFORMATION**

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| Please explain the reasons for your application, covering your profile and particular interest in this/these position(s). Add any other information that might be relevant to your application, including skills, knowledge and experience. |
|       |

**8. FINAL QUESTIONS**

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| --- |
| Please read and answer carefully all questions |
| Do you have any objections to our making enquires at your employer(s)? |  Yes  No |
| Do you have any chronic health problems, disabilities or other medical conditions that would limit your physical activity? |  Yes  No |
| Are you regularly taking any medication? |  Yes  No |
| Is any relative of yours, to the best of your knowledge, working in (Name of the Mission) |  Yes  No |
| Is any relative of yours, to the best of your knowledge, applying to this Call for Contributions?  |  Yes  No |
| Have you ever been convicted or sentenced in any criminal proceedings (excluding minor traffic violations)? |  Yes  No |
| If you are currently working in a CSDP Mission or have worked in a CSDP Mission, do you have any objections against transmitting your last PER (Performance Evaluation Report) to CPCC and/or the Mission upon request? |  Yes  No |
| If you responded “yes” to any of the previous questions, please provide details |
|       |
| 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 from the Mission. | I agree: Yes  No |
| Place | Date | Signature (typed name is sufficient) |

The EEAS, and its Directorate CPCC processes personal data pursuant to Regulation (EC) 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data, as implemented in the EEAS by the Decision of the High Representative of the Union for Foreign Affairs and Security Policy of 8 December 2011. The Privacy statement is available on the EEAS website>. Privacy Statement.

**Please submit the completed form in MS Word format.**