ERA Application form

Reference Number of the Call For Applications: ERA/………………

# Personal Data

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | First name: |  |
| Nationality: |  | Date of birth:  dd/mm/yyyy |  |
| Address for correspondence: (street, house number, postal code, city, country) |  | Telephone number: | Home:  Mobile: |
| E-mail: | Email 1:  Email 2: | | |

# Language skills[[1]](#footnote-1) (Please complete the below self-assessment table)

Mother tongue:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Other EU languages | Understanding | | Speaking | | Writing | Language Certificate/Diploma/ Date of award |
| **Language** | **Listening** | **Reading** | **Spoken interaction** | **Spoken**  **production** |  | **(if available)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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# Education and training

Note: Copy sections if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Secondary Education or training (in chronological order)** | | | | |
| Name and Country of Establishment | Dates (from ....to ....)  (years, month) | Main Subject(s)/occupational skills covered | Title of the qualification in original language and in English | Date of award (dd/mm/yy) |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Post-Secondary Education or training (in chronological order)** | | | | |
| Name And Country of Establishment | Dates (from ....to ....)  (years, month | Main Subject(s)/occupational skills covered | Title of the qualification in original language and in English | Date of award (dd/mm/yy) |
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| --- | --- | --- | --- | --- |
| **University education (in chronological order)** | | | | |
| Name and Country of Establishment | Dates (from ....to ....)  (years, month | Main Subject(s)/occupational skills covered | Title of the qualification in original language and in English | Date of award (dd/mm/yy) |
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| --- | --- | --- | --- | --- |
| **Post-Graduate Studies (in chronological order)** | | | | |
| Name And country of Establishment | Dates (from ....to ....)  (years, month | Main Subject(s)/occupational skills covered | Title of the qualification in original language and in English | Date of award (dd/mm/yy) |
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| --- | --- | --- | --- | --- |
| **Other Certificated Education or training relevant for the position you are applying for (in chronological order)** | | | | |
| Name And country of Establishment | Dates (from ....to ....)  (years, month | Main Subject(s)/occupational skills covered | Title of the qualification in original language and in English | Date of award (dd/mm/yy) |
|  |  |  |  |  |
|  |  |  |  |  |

# Professional Experience:

Note: Starting with your present post, list in reverse order your previous employment. Copy sections if necessary.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Dates (dd/mm/yyyy): | FROM: |  | TO: |  | | TOTAL: | (years, month) |
| Name and address of employer: |  | | | | | | |
| Workload: | Full time  | | | | Part time  (………..% ) | | |
| Type of business or sector: |  | | | | | | |
| Occupation or position held: |  | | | | | | |
| Main activities and responsibilities: |  | | | | | | |
| Language(s) used: |  | | | | | | |
| Number and type of staff under your responsibility: (where applicable) |  | | | | | | |
| Name and contact details of your supervisor: (optional) |  | | | | | | |
| Reason for leaving: (optional) |  | | | | | | |

# References:

please give the names and addresses of three persons not related to you, who know you professionally and/or personally; including at least one supervisor who may be contacted to provide references (optional).

Please note that we will only contact the listed persons after your authorization prior to the decision on appointment.

|  |  |  |  |
| --- | --- | --- | --- |
| full name | contact telephone number or email address | Relationship | Permission to contact  (yes/no) |
|  |  |  |  |
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# Please explain how you meet the selection criteria (and other selection criteria) outlined in the Call for Applications

Selection Criteria (maximum 1000 characters)

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Selection Criteria (maximum 1000 characters)

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|  |

Selection Criteria (maximum 1000 characters)

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|  |

Note: Copy sections if necessary.

# Please explain your motivation for applying for this post and the added value you could offer ( maximum 1000 characters)

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| --- |
|  |

# Declaration

I, the undersigned, declare that the information provided above is, to the best of my knowledge, true and complete.

I further declare that:

* I am a national of a member state of the European Union or the EEA (i.e. Norway, Lichtenstein and Iceland) countries.
* I have not been deprived of my civic rights.
* I have complied with the provisions of all military service laws applicable to me.
* I undertake to submit, as soon as requested, any documents in support of the above statements and declarations.
* I realise that any false statement or omission, even if unintended on my part, may lead to the disqualification of my application or may render my appointment liable to termination.
* I am willing to undergo the pre-engagement medical examination prior to taking up duty.
* I am willing to provide a cerficate of good conduct prior to engagement.
* I am willing to fill in the Agency’s form related to conflict of interests if I am appointed.

|  |  |
| --- | --- |
| Date | Signature - handwritten |
|  |  |

1. The official EU languages are: Bulgarian, Croatian, Czech, Danish, Dutch, English, Estonian, Finnish, French, Irish, German, Greek, Hungarian, Italian, Latvian, Lithuanian, Maltese, Polish, Portuguese, Romanian, Slovak, Slovenian, Spanish, and Swedish. Please indicate the appropriate level (A1, A2, B1, B2, C1, and C2) in the corresponding box, using the European self-assessment grid as reference (see http://europass.cedefop.europa.eu/sites/default/files/cefr-en.pdf) [↑](#footnote-ref-1)