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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 EUCAP Somalia**

(to be sent by e-mail to [cpcc.crt@eeas.europa.eu](mailto:cpcc.crt@eeas.europa.eu)

**One (1) CRT OR (OTHER MEMBER STATE) EXPERTS**

**CRT CfC 1-2018**

**Annex 2**

**1. NOMINATION DETAILS (indicate positions and status regime 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°: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |
| --- |
| 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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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) | |

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