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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

**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°:       |

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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) |

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