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| LOGO_BLACKEuropean Union |

**ANNEX 2**

APPLICATION FORM

**EU Special Representative in Kosovo support team**

**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: | **Specify the vacancy reference (compulsory):** |
| Submitted by the candidate  (Only for Contract Regime)  Would you accept a contract of employment for less than six (6) months? YES NO | |
| 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 NO | |

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| **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 No | | | Other nationality | | |
| Marital Status:              Single Married Others | | | | | | |

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| Do you have any dependants? Yes No | | |
| Name | Age | Relationship |
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| --- | --- | --- |
| Are any of your family members or relatives employed by EUSR in Kosovo, EU Office in Kosovo, EU Institutions, CSDP Missions or other EUSRs?          Yes No  If yes, please provide their names, relationship types (e.g. spouse, brother, etc) and the names of the names of the organizations in which they are working. | | |
| Name | Relationship | Name of the Organization |
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**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 |

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| Do you possess a valid driving licence?          Yes If Yes what category \_\_\_\_\_ No |

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| **Do you currently hold a personal security clearance (PSC) at EU Secret level?** |
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| **B –EDUCATION AND PROFESSIONAL TRAINING** |

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

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If affirmative, please indicate:

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| --- | --- | --- |
| 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.

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| --- | --- | --- | --- | --- | --- |
| Name Institution / University, place and country | Degrees /Qualifications obtained  (Title of qualification awarded) | Number of semesters mandatory to obtain the degree | Main Course / Field of Study | Attended (mm/yy) | |
| From: | To: |
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Schools or other formal vocational training

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

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| --- | --- | --- | --- | --- |
| 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: | | | |
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| **D – EMPLOYMENT RECORD** | | | | |

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

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

**Previous relevant positions (1)**

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

**Previous relevant positions (2)**

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

**Previous relevant positions (3)**

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

**Other previous employments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation, place and country | Position Held | Category/Rank | Date (dd/mm/yy) | |
| From | To |
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**Previous international field experience**

(Please provide exact details in reverse chronological order)

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| --- | --- | --- | --- | --- |
| Organisation | Place and country | Position Held | Date (dd/mm/yy) | |
| From | To |
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| **E – FURTHER SKILLS** |

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

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| --- | --- | --- | --- | --- |
| Other languages | Level of proficiency | | | |
| Speak | Write | Read | Understand |
|  |  |  |  |  |
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**A** = Professional Fluency; **B** = Working Knowledge; **C** = Limited Knowledge

**Computer Skills** (Ability to operate the following applications)

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| --- | --- | --- | --- |
| Skill | Level of proficiency | Skill | 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

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| **F – ADDITIONAL INFORMATION** |

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

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| --- |
| List trades/professions in which you are currently licensed |

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

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| --- |
| Explain briefly why you wish to join the 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? |  |  |

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| 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. |

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