**EUROPEAN EXTERNAL ACTION SERVICE**

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**EUSR FOR THE SOUTH CAUCASUS AND THE CRISIS IN GEORGIA TOIVO KLAAR**

**APPLICATION FORM**

**Deadline: Friday 12 January 2024 (COB)**

**SECONDED POLITICAL ADVISOR BASED IN AZERBAIJAN**

**FOR THE EUSR FOR THE SOUTH CAUCASUS AND THE CRISIS IN GEORGIA**

**(**Please fill the application electronically and answer each question clearly and completely.)

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| **A – PERSONAL DATA** | | | | | | |
| Family Name | | First Name | | | Passport/ID number | |
| Date of Birth  (DD/DD/MM/YYYY) | Place of Birth | | Country of Birth | | | Gender |
| Present nationality | Do you have multiple nationality? | | | Other nationality | | |
| Marital Status | Dependents | | | Blood Type | | |

**Mailing Address** (or where you may be reached)

|  |  |  |
| --- | --- | --- |
| Street | | Zip/Postal Code |
| Town/City | County/State/Province | Country |
| Telephone No. | Fax No. | Email Address |

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| **B – EDUCATION AND PROFESSIONAL TRAINING** |

**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) | 1. Main Course/Field of Study | Attended (DD/MM/YY) | |
| From: | To: |
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| **C – 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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| --- | --- | --- | --- | --- |
| 1. Organisation, place and country | Position Held | Category/Rank | Date (DD/MM/YY) | |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: | | | | |

**Previous relevant positions (1)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Organisation, place and country | Position Held | Category/Rank | Date (DD/MM/YY) | |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: | | | | |

**Previous relevant positions (2)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Organisation, place and country | Position Held | Category/Rank | Date (DD/MM/YY) | |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: | | | | |

**Previous relevant positions (3)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Organisation, place and country | Position Held | Category/Rank | Date (DD/MM/YY) | |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: | | | | |

**Other previous employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Organisation, place and country | Position Held | Category/Rank | Date (DD/MM/YY) | |
| From | To |
|  |  |  |  |  |
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**Previous international field mission experience**

(Please provide exact details in reverse chronological order.)

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| --- | --- | --- | --- | --- |
| 1. Organisation | Place and country | Position Held | Date (DD/MM/YY) | |
| From | To |
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| **D – FURTHER SKILLS** |

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| **Native Language** |  |

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

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| **E – 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 Office |

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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 from the mission. | | |
| Signature | Place | Date |
|  |  |  |