

European Union



ANNEX 2

APPLICATION FORM

EU SPECIAL REPRESENTATIVE IN BOSNIA AND HERZEGOVINA

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:	<input type="checkbox"/>	Specify the vacancy reference (compulsory):
Submitted by the candidate (Only for Contract Regime)	<input type="checkbox"/>	Would you accept a contract of employment for less than six (6) months? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you willing to serve in the EUSR support team in a position other than those specified above?: YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
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 <input type="checkbox"/> NO <input type="checkbox"/>		

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 <input type="checkbox"/> No <input type="checkbox"/>			Other nationality	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/>				Blood Type	

Do you have any dependants?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	Age	Relationship	

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

Do you possess a valid driving licence? If Yes <input type="checkbox"/> , what category _____ No <input type="checkbox"/>
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Do you currently hold a security clearance? At what level?

B –EDUCATION AND PROFESSIONAL TRAINING

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

If affirmative, please indicate:

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.

Name Institution / University, place and country	Degrees/Qualifications Obtained (Title of qualification awarded)	Main Course/Field of Study	Attended (mm/yy)	
			From:	To:

Schools or other formal vocational training

Name Institution / University, place and country	Degrees/Qualifications Obtained (Title of qualification awarded)	Main Course/Field of Study	Attended (mm/yy)	
			From:	To:

C – PROFESSIONAL EXPERIENCE

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:			

D – EMPLOYMENT RECORD

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

Organisation, place and country	Position Held	Category/Rank	Date (mm/yy)	
			From	To
Description of your duties and responsibilities:				
Name of employer:		Type of Business:		

Address of Employer:	Name of Supervisor:
Tel/E-mail:	Reason for leaving:

Previous relevant positions (1)

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

Previous relevant positions (2)

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

Previous relevant positions (3)

Organisation, place and country	Position Held	Category/Rank	Date (mm/yy)	
			From	To
Description of your duties and responsibilities:				

Name of employer:	Type of Business:
Address of Employer:	Name of Supervisor:
Tel/E-mail:	Reason for leaving:

Other previous employment

Organisation, place and country	Position Held	Category/Rank	Date (mm/yy)	
			From	To

Previous international field experience

(Please provide exact details in reverse chronological order.)

Organisation	Place and country	Position Held	Date (mm/yy)	
			From	To

E – FURTHER SKILLS

Native Language	
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Other languages	Level of proficiency			
	Speak	Write	Read	Understand

A = Professional Fluency; **B** = Working Knowledge; **C** = Limited Knowledge

Computer Skills (Ability to operate the following applications)

	Level of proficiency		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

F – ADDITIONAL INFORMATION

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

List trades/professions in which you are currently licensed

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

Explain briefly why you wish to join the ICO/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?		

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.

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