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| . | **EUROPEAN COMMISSION** |

**Application form**

**SELECTION OF TEMPORARY STAFF**

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| **Selection No.** (This number should be quoted in all correspondence.)**COM/AT/HR/21/AD8** |   |

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| **YOU MUST FILL IN THE APPLICATION FORM COMPLETELY. FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION BEING REJECTED.****YOU MAY FILL IN THE APPLICATION FORM IN ANY OF THE 24 OFFICIAL LANGUAGES OF THE EUROPEAN UNION, APART FROM POINT 9.2 BELOW, WHICH YOU MUST FILL IN IN ONE OF THE LANGUAGES 2 OF THIS SELECTION PROCEDURE (EN/FR).** **PLEASE NOTE THAT YOUR WHOLE APPLICATION FORM WILL BE ACCESSED BY THE SELECTION BOARD (DURING THE SELECTION) AND BY THE HR SERVICES OF THE EUROPEAN COMMISSION (FOR RECRUITMENT IN CASE YOU ARE A SUCCESSFUL CANDIDATE) WHO WORK IN A LIMITED NUMBER OF VEHICULAR LANGUAGES.****IF YOU ARE SUCCESSFUL IN THE SELECTION PROCEDURE AND ARE INCLUDED ON THE LIST OF SUCCESSFUL CANDIDATES, YOU WILL BE ASKED TO PROVIDE A TRANSLATION OF THE APPLICATION FORM IN LANGUAGE 2 (ENGLISH OR FRENCH) TO THE RECRUITING SERVICES IF YOU HAVE FILLED IN THE APPLICATION FORM IN A DIFFERENT LANGUAGE.**  |

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| 1. | **Name**  | **Maiden name (if applicable)** | **First names**  |
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| 2. | **Address****(please inform us of any changes as soon as possible)** | **Email address** |   |
|  |   | **Tel. work** |   |
|  |  | **Tel. home** |   |
|  |  | **Mobile phone** |   |
|  |  |  |  |
|  | **Name and telephone number of a person to be contacted should you be unavailable** |  |
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| 3. | **Place and country of birth:** | **Date of birth****(dd/mm/yy)** | **Current citizenship (if dual, indicate both)** |
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| 4. | **Sex** |  | **M[ ]**  | **[ ]**  | **F[ ]**  | **[ ]**  |  |  |  |  |

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| 5. | **Language skills** |
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| ***Languages*** | ***L1(\*):***   | ***L2(\*):***   | ***L3(\*):***   | ***L4(\*):***   |
|  | **Reading** | **Writing** | **Oral comprehension** | **Spoken** | **Reading** | **Writing** | **Oral comprehension** | **Spoken** | **Reading** | **Writing** | **Oral comprehension** | **Spoken** | **Reading** | **Writing** | **Oral comprehension** | **Spoken** |
| **EXCELLENT** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **VERY GOOD** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **GOOD** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **SATISFACTORY** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **BASIC** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\***Please indicate the name of the language in full**

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| **Other languages:** |   |

6. **Information technology and office skills**

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| ***Tools*** | ***Word*** | ***Excel*** | ***PowerPoint*** | ***Access*** | ***FrontPage*** | ***Outlook*** | ***Internet*** | ***Other*** |
| **Excellent** |   |   |   |   |   |   |   |   |
| **Very good** |   |   |   |   |   |   |   |   |
| **Good** |   |   |   |   |   |   |   |   |
| **Satisfactory** |   |   |   |   |   |   |   |   |
| **Basic** |   |   |   |   |   |   |   |   |

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| 7. | **University Education** |
| **Please provide details of all educational establishments attended and diploma(s) obtained after secondary school (higher or university education, technical or professional training, etc.). Concerning post-secondary education please also mention intermediate diploma(s) (i.e. DEUG, candidature, Vordiplom).****Please indicate whether the diploma(s) you obtained correspond to a complete cycle in your country.** |
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| **Name and address of the establishment****(town, country)** | **Certificate or diploma obtained** | **Date you obtained the diploma****(day, month, year)** | **Complete cycle of studies yes/no** | **Normal length of complete cycle** |
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Add additional rows where necessary.

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| **8. General, specialist and further training** |

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| **Name and address of the establishment****(town, country)** | **Certificate or diploma obtained** | **Date you obtained the diploma****(day, month, year)** | **Complete cycle of studies yes/no** | **Normal length of complete cycle** |
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|  | Add additional rows where necessary. |
| **9. Professional experience****9.1 Indicate, in chronological order starting with your present post, all the posts you have held and the tasks you performed.** |
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| **Nature and description of tasks[[1]](#footnote-1)** | **Name and address of employer** | **Working hours[[2]](#footnote-2)** | **From****(day, month, year)** | **To****(day, month, year)** |
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Add additional rows where necessary.

**9.2 Please indicate in particular the following professional experience:**

 **1. EXPERIENCE IN LEADING CLOSE PROTECTION AND SECURITY TEAMS OR MISSION CRITICAL OPERATIONS GLOBALLY WHERE 24/7 AVAILABILITY IS REQUIRED;**

 **2. DEMONSTRATED EXPERIENCE IN THE HUMAN RESOURCES ASPECTS OF SECURITY STAFF MANAGEMENT (RECRUITMENT, PERFORMANCE MANAGEMENT, COMPLAINTS PROCEDURES, OVERTIME MANAGEMENT ETC.);**

 **3. OUTSTANDING CLIENT SERVICE AND COMMUNICATION SKILLS, IN PARTICULAR ABILITY TO MAKE CONVINCING ORAL BRIEFINGS TO STAFF AND MANAGEMENT, AND ABILITY TO WRITE CLEARLY IN TECHNICAL AND NON-TECHNICAL FORMATS;**

 **4. EXPERIENCE IN CHANGE MANAGEMENT AND SCALING ORGANISATIONS IN AN INTERNATIONAL ORGANISATION;**

 **5. SOLID KNOWLEDGE IN THE AREAS OF EMERGENCY/CRISIS MANAGEMENT, PHYSICAL SECURITY, CRITICAL INCIDENT, STRESS MANAGEMENT, RISK MANAGEMENT AND BUSINESS RESILIENCE;**

 **6. EXPERIENCE IN OTHER SECURITY DOMAINS, E.G. TECHNICAL SECURITY INCLUDING VIDEO SURVEILLANCE, ACCESS CONTROL, INCIDENT MANAGEMENT SYSTEMS AND SECURITY OPERATIONS CENTER;**

 **7. KNOWLEDGE OF ENGLISH.**

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| 10. | **Do you have a physical disability requiring special arrangements to be made at the tests?** |
|  | **Yes[ ]**  | **No[ ]**  |
|  | **If so, please give details and indicate the nature of the special arrangements you consider necessary.**  |

**DECLARATION**

I, the undersigned, declare that:

a) I am citizen of one of the Member States of the European Union.

b) I enjoy my full rights as a citizen.

c) I have fulfilled any obligations imposed on me by the laws concerning military service.

d) I meet the character requirements for the duties involved

e) the information provided above and in the annexes is true and complete.

I am aware that I am expected to produce supporting documents confirming the information given in my application file.

I am aware that any false statement may invalidate my application file and/or, where appropriate, result in the cancellation of the contract, pursuant to Article 50 of the Conditions of Employment of other Servants of the European Union[[3]](#footnote-3).

(Date) (Name and signature)

1. Where necessary enclose a job description, if you have one. [↑](#footnote-ref-1)
2. E.g. full-time, part-time, etc. [↑](#footnote-ref-2)
3. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:01962R0031-20200101&qid=1579010653487&from=EN>

 [↑](#footnote-ref-3)