

- STAFF IN CONFIDENCE WHEN COMPLETED -

## Organisation for Joint Armament Co-operation

**OCCAR RECRUITMENT FORM**

**PLEASE INSERT DATA IN APPROPRIATE BOXES, PRINT THE COMPLETED FORM, AFFIX PHOTOGRAPH AND SIGN IT.**

**PLEASE TYPE OR PRINT CLEARLY IN BLACK INK**

<b>Vacancy for which you are applying: Post No. _____, Post Title _____</b>	
<b>1. PERSONAL INFORMATION</b>	
Mr. Mrs. Miss NAME (surname): _____ (first names): _____  NAME AT BIRTH:  MAIDEN NAME (if appropriate):  PK/Insee No./Staff No./Matricola No.:	RECENT PHOTOGRAPH
DATE/PLACE OF BIRTH <b>(please provide a copy of your passport or Identity card)</b> Day: _____ Month: _____ Year: _____ City: _____ Country: _____	
<b>2. NATIONALITY</b>	
<b>Present Nationality:</b> Has your nationality ever changed or is it in the process of being changed? No <input type="checkbox"/> Yes <input type="checkbox"/> (please provide certified copy of naturalisation decree for new nationality) (explain the reasons for changing)	
Do you have dual nationality No <input type="checkbox"/> Yes <input type="checkbox"/> Which? _____ Explain: _____	
<b>3. RESIDENCE</b>	
Present address (to which correspondence should be sent):  Home address (if different from above):  How long have you lived in your present country of residence?	Telephone / -fax: Home: Office: Can we call you at your office? No <input type="checkbox"/> Yes <input type="checkbox"/> E-mail: (Please complete)
<b>4. MARITAL STATUS</b>	
<input type="checkbox"/> 1. Married (Date: _____ ) <input type="checkbox"/> 2. Separated (Date: _____ ) <input type="checkbox"/> 3. Divorced (Date: _____ ) <input type="checkbox"/> 4. Widow(er) <input type="checkbox"/> 5. Single	
If married, does your spouse work? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, where?  Job title:	

M\_D GCIV 0033587 07-06-2013

- STAFF IN CONFIDENCE WHEN COMPLETED -

Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

**5. RELATIVES**

Give names of spouse and any dependants

1. Spouse
2. Children (including adopted)

Other dependants for whom you are legally responsible

NAME	FIRST NAME	RELATIONSHIP Indicate No. & Marital Status	DATE OF BIRTH D/M/Y	COUNTRY OF BIRTH	NATION- ALITY	CURRENT ADDRESS

**6. LANGUAGES \***

Mother tongue:

	Speaking	Understanding	Reading	Writing
English				
French				
German				
Italian				
Spanish				

Additional languages:


\* Grade as: Fluent / Good / Fair / Poor

**7. HAVE YOU EVER PREVIOUSLY APPLIED FOR A POST IN OCCAR?**

If so, please state the approximate date of application, and for which post.

Were you interviewed?      No       Yes

M\_D GCIV 0033587 07-06-2013

- STAFF IN CONFIDENCE WHEN COMPLETED -

Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

**8. EDUCATION**

	Name and Location	Dates from to	Major subjects	Degree or other diploma
Senior / High Secondary School				
College or University				

Please provide a copy of your highest certificate or diploma

**OTHER PROFESSIONAL QUALIFICATIONS, MEMBERSHIP OF BUSINESS OR PROFESSIONAL ASSOCIATIONS**

Qualification received	Awarded by	Subject	Length of study	Date

**9. Append a list of theses, patents, publications and other significant work you have done. Please do not send copies.**

**10. EXPERIENCE IN USING INFORMATION TECHNOLOGY**

Please indicate level of competency e.g Poor, Good or Advanced.

MS Windows		ACCESS	
WORD		MS PROJECT	
EXCEL		LOTUS NOTES	
POWERPOINT		NAVISION	

Other software used:.....

**11. ARE YOU A CIVIL SERVANT? National** No  Yes   
**International** No  Yes

If so, what are your duties and grade?

Do you have the right of return to your present employer? No  Yes

Do you have a security clearance? No  Yes

If so, what level?

- STAFF IN CONFIDENCE WHEN COMPLETED -

Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

<b>12.1 PRESENT EMPLOYMENT</b>	
COMPANY / ADDRESS	POSITION HELD
Dates from: _____ to: _____	Name and position of person to whom you report
Number of people reporting directly to you, or for whom you are responsible	Yearly budget responsibility (if appropriate):
Describe duties and scope of responsibilities:	
How much notice must you give to leave?	
Reasons for leaving	
Do you have any objections to our making inquiries of your present employer? No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>12.2 PREVIOUS EMPLOYMENT</b>	
COMPANY / ADDRESS	POSITION HELD
Dates from: _____ to: _____	Name and position of person to whom you reported
Number of people reporting directly to you, or for whom you are responsible	Yearly budget responsibility (if appropriate):
Describe duties and scope of responsibilities:	
Reasons for leaving	
Do you have any objections to our making inquiries of your previous employer? No <input type="checkbox"/> Yes <input type="checkbox"/>	

M\_D GCIV 0033587 07-06-2013

- STAFF IN CONFIDENCE WHEN COMPLETED -

Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

<b>12.3 PREVIOUS EMPLOYMENT</b>	
COMPANY / ADDRESS	POSITION HELD
Dates from: _____ to: _____	Name and position of person to whom you reported
Number of people reporting directly to you, or for whom you are responsible	Yearly budget responsibility (if appropriate):
Describe duties and scope of responsibilities:	
Reasons for leaving	
Do you have any objections to our making inquiries of your previous employer? <span style="float: right;">No</span> <input type="checkbox"/> Yes <input type="checkbox"/>	
IF YOU HAVE HELD MORE THAN THREE POSITIONS, PLEASE GIVE DETAILS ON A SEPARATE SHEET.	
<b>13. MILITARY SERVICE</b>	
Have you completed your military service <span style="margin-left: 100px;">No <input type="checkbox"/></span> <span style="margin-left: 100px;">Yes <input type="checkbox"/></span>	
If yes, from: _____ to: _____	Last military rank/Duties: _____
If not, give reasons.	
<b>14. Please indicate why you are applying for this post and outline how your knowledge, skills and experience meet the competences required for this role (as detailed in the vacancy notice). You should draw on your experience from your current or previous roles or from other relevant situations.</b>	

M\_D GCIV 0033587 07-06-2013

**- STAFF IN CONFIDENCE WHEN COMPLETED -**

Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

**15. REFERENCES**

Please give names and addresses of three Referees (who should not be related to you) who may be approached in connection with your application.

Name	Position	Address	May be contacted before interviews?
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>

**16. HAVE YOU ANY RELATIVES OR ACQUAINTANCES WORKING IN OCCAR?**

If so, please specify

**17. HOW DID YOU HEAR ABOUT THIS JOB OPPORTUNITY?****18. DATA PROTECTION**

The information that you provide on this form and that obtained from other sources will be used to process your application for employment. If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us. All information received by OCCAR-EA will be treated as confidential and used for our internal purposes only. By signing the application form we will be assuming that you agree to the processing of sensitive personal data.

**19. DECLARATION**

I declare that the information given on all parts of this application form, and in any other forms of documentation which accompanies it, is, to the best of my knowledge, correct. I understand that giving false information will make my application unacceptable and, if I am appointed, lead to my dismissal.

Date:

Signature:

Please remember to attach copies of your passport & highest qualification certificates & a recent photograph.

**Please return this form to:**  
**Head of Human Resources Division**  
**OCCAR – EA; Postfach 2107, 53011 Bonn, Germany**