

**EUROPEAN DEFENCE AGENCY**

**Human Resources**

**APPLICATION FORM**

---

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY**

---

ANSWER EACH QUESTION **COMPLETELY** IN ENGLISH. **TYPE OR PRINT CLEARLY** IN INK. IF CERTAIN ITEMS REQUIRE MORE SPACE USE THE LAST PAGE OF THIS FORM, OR, IF NECESSARY CONTINUE ON PLAIN PAPER. **DO NOT LEAVE BLANKS. ALL ITEMS MUST BE COMPLETED.**

YOU WILL BE REQUESTED TO SUPPLY DOCUMENTARY EVIDENCE IN SUPPORT OF THE STATEMENTS YOU MAKE IN THIS APPLICATION. **DO NOT, HOWEVER, SEND ANY DOCUMENTATION UNTIL YOU HAVE BEEN ASKED TO DO SO BY THE AGENCY AND, IN ANY EVENT, DO NOT SUBMIT THE ORIGINAL TEXTS OF REFERENCES OR TESTIMONIALS UNLESS THEY HAVE BEEN OBTAINED FOR THE SOLE USE OF THE AGENCY.**

APPLICATION CANNOT BE RETURNED TO CANDIDATES, AND IF UNSUCCESSFUL, THESE FILES WILL BE DESTROYED AFTER TWO YEARS.

CANDIDATES ARE ADVISED THAT PART OF THE RECRUITMENT PROCESS INCLUDES THE PRODUCTION OF A SECURITY CERTIFICATE, MEDICAL ANALYSES AND A PHYSICAL CHECK-UP WITH AN AGENCY MEDICAL ADVISER.

---

Reference of the vacancy for which you are applying:

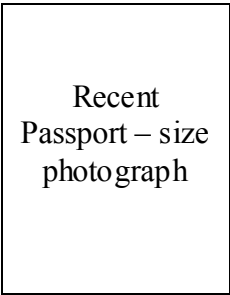
Post designation: \_\_\_\_\_

Post reference: 

<b>E</b>	<b>D</b>	<b>A</b>	/		/					/				
----------	----------	----------	---	--	---	--	--	--	--	---	--	--	--	--

Please... "[ **TYPE HERE** ]" ..... **your family name.**

**I- GENERAL INFORMATION**



1. Family Name: "[ TYPE HERE ]"  
 First Name: "[ TYPE HERE ]"  
 Surname at birth (if different): "[ TYPE HERE ]"

2. Date of birth: "[D D]" / "[M M]" / "[Y Y]" |  
 3. Place and country of birth: . "[ TYPE HERE ]"  
 4. Nationality (state all): "[ TYPE HERE ]"

5. Sex: male  female

6. Home Address

Street and N° "[ TYPE HERE ]" Postcode "[TYPE HERE]"  
 Town: "[ TYPE HERE ]" Country: "[ TYPE HERE ]"

Address for correspondence (All correspondence will be sent to this address) and phone numbers:

Street and N°: "[ TYPE HERE ]" Postcode "[TYPE HERE]"  
 Town: "[ TYPE HERE ]" Country: "[ TYPE HERE ]"  
 Tel. private: "[ TYPE HERE ]" Tel. work: "[ TYPE HERE ]"  
 Mobile ... "[ TYPE HERE ]" Fax : "[ TYPE HERE ]"  
 e-mail address: "[ TYPE HERE ]"

7. Civil Status:

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Cohabiting <input type="checkbox"/>
---------------------------------	----------------------------------	----------------------------------	-----------------------------------	------------------------------------	-------------------------------------

8. Family Status

Give the following information about your spouse/cohabitant and financially dependent children.

Name	Occupation	Date of birth	Relationship
If you are divorced, indicate whether the children are your dependants			

## II- EDUCATION AND TRAINING

<b>a. Secondary and higher education</b>		
Name of the establishment (city, country)	Diplomas or certificates obtained including grades achieved	Years from .... to.....
		"[Y Y]" - "[Y Y]"
		"[Y Y]" - "[Y Y]"

<b>b. University Education or Equivalent.</b>			
Name of the establishment (city, country) - Nature of studies (full time, evening etc.)	Diplomas, certificates and/or grades obtained	Main Subjects	Years from ... to.....
			"[Y Y]" - "[Y Y]"
			"[Y Y]" - "[Y Y]"
			"[Y Y]" - "[Y Y]"

<b>c. Other education/Training received.</b>		
Name of the establishment City, country	Courses followed, number of years/months	Certificates and/or diplomas obtained including grades

## III- KNOWLEDGE OF LANGUAGES

1. Specify your level in the English language :

Mother tongue <input type="checkbox"/>	Excellent <input type="checkbox"/>	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
--	------------------------------------	------------------------------------	-------------------------------	----------------------------------	-------------------------------

2. Specify your level in the French language :

Mother tongue <input type="checkbox"/>	Excellent <input type="checkbox"/>	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
--	------------------------------------	------------------------------------	-------------------------------	----------------------------------	-------------------------------

3. Specify any other language you know:

Language	Mother tongue	Excellent	Very Good	Good	Average
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV- PROFESSIONAL EXPERIENCE**

STARTING WITH YOUR PRESENT POST, LIST IN REVERSE ORDER EVERY EMPLOYMENT YOU HAVE HAD. USE A SEPARATE BLOCK FOR EACH LAST THREE POSTS. INCLUDE ALSO SERVICE IN THE ARMED FORCES AND NOTE ANY PERIOD OF THE WHICH YOU WERE NOT GAINFULLY EMPLOYED. IF REQUIRED, YOU MAY CONTINUE ON THE FOLLOWING PAGE OF THIS FORM FOR PREVIOUS POSTS.

Present employment: _____			
Dates of employment	<b>FROM</b>	<b>TO</b>	<b>TOTAL</b>
From/To/Total (month, year)	"[M M]" / "[Y Y]"	"[M M]" / "[Y Y]"	"[M M]" / "[Y Y]"
Name and Address of employer _____			
Type of business of employer _____			
Title of your position _____			
Number of employees under your direct supervision _____			"[N N]"
Place of employment _____			
Name and Title of your supervisor _____			
Detailed description of your work _____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
Languages used _____			
Are you presently employed in a Civilian or a Military capacity? (Specify) _____			
_____			
How much notice would you require to report to work or length of the legal notice period? _____			
_____			
Have you any objections to our making inquiries of your present employer?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Previous position: \_\_\_\_\_

Dates of employment	FROM	TO	TOTAL
From/To/Total(month, year)	"[M M]" / "[Y Y]"	"[M M]" / "[Y Y]"	"[M M]" / "[Y Y]"
Name and Address of employer _____			
Type of business of employer _____			
Title of your position _____			
Number of employees under your direct supervision _____			"[N N]"
Place of employment _____			
Name and Title of your supervisor _____			
Detailed description of your work _____			
_____			
_____			
_____			
_____			
Languages used _____			
Reason for leaving _____			

Previous position: \_\_\_\_\_

Dates of employment	FROM	TO	TOTAL
From/To/Total(month, year)	"[M M]" / "[Y Y]"	"[M M]" / "[Y Y]"	"[M M]" / "[Y Y]"
Name and Address of employer _____			
Type of business of employer _____			
Title of your position _____			
Number of employees under your direct supervision _____			"[N N]"
Place of employment _____			
Name and Title of your supervisor _____			
Detailed description of your work _____			
_____			
_____			
_____			
_____			
Languages used _____			
Reason for leaving _____			





**VI- OTHER SKILLS OR INFORMATION**

- a. Knowledge of office computer software, for example: Word, Excel, MS Access, etc. (specify):

.....  
.....  
.....  
.....

- b. Periods of at least three months spent abroad (countries visited, years, reasons):

.....  
.....  
.....

- c. Other information (included info on your security clearance)

.....  
.....  
.....  
.....

**DECLARATION**

- 1. I declare on my word of honour that the information provided above is true and complete.
  
- 2. I further declare on my word of honour that :
  - (i) I am a national of one of the Agency Participating Member States and enjoy my full rights as a citizen;
  - (ii) I have fulfilled any obligations imposed on me by the laws concerning compulsory national service;
  - (iii) If selected for the post, I will make declarations on my commitment to act independently in the Agency’s interest and on any interest that might be considered prejudicial to my independence.

DATE

SIGNATURE

**DO NOT FORGET TO SIGN THIS FORM!**