

# EUROPEAN EXTERNAL ACTION SERVICE



**Instructions:** Candidates who wish to be considered as seconded should submit their application forms to their respective national authorities for their approval. All applications sent directly to [mail to: qcc.eupolcopps@eeas.europa.eu](mailto:qcc.eupolcopps@eeas.europa.eu) will be considered under applying to the contract regime. Please fill in completely the application electronically and send it in the original format, i.e. MS Word 2003 or previous versions.

## Application form for (EUPOL COPPS) (to be sent by e-mail to [qcc.eupolcopps@eeas.europa.eu](mailto:qcc.eupolcopps@eeas.europa.eu))

Annex II

### 1. NOMINATION DETAILS (indicate positions and status regime applied for)

| Post no/title (specify the vacancy reference, compulsory)   | Applicable status regime  |
|---|---|
| First priority:   | <b>Seconded</b> status: <input type="checkbox"/><br>Do you have any objections to our providing feedback to your national authorities in case of non-selection?<br><input type="checkbox"/> Yes, <input type="checkbox"/> No  |
| Second priority:  |   |
| Third priority:   | <b>Contracted</b> status: <input type="checkbox"/><br><br>Would you accept a contract of employment for less than six (6) months: <input type="checkbox"/> Yes, <input type="checkbox"/> No<br><br>If selected under contracted status, do you allow the country of your nationality to be informed of your selection notably in order to facilitate the issuance of security clearance. <sup>1?</sup><br><input type="checkbox"/> Yes, <input type="checkbox"/> No |
| Are you willing to serve in the Mission in a position other than those specified above?<br><input type="checkbox"/> Yes, <input type="checkbox"/> No<br><br>Are you willing to serve in another Mission than the one you are now applying for?<br><input type="checkbox"/> Yes, <input type="checkbox"/> No |   |

### 2. PERSONAL DATA

|                     |  |                        |   |
|---------------------|--|------------------------|---|
| Last name           |  | First name             |   |
| Birth date          | (dd/mm/yyyy)   | Country of birth       |   |
| Passport no.        |  | Gender                 | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Present nationality |  | Other nationality      |   |
| Police Officer      | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, current rank:  |   |
| Military Officer    | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, current rank:  |   |
| Civilian            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Profession:            |   |
| Security clearance  | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, at what level: |   |

<sup>1</sup> It is the responsibility of the selected contracted candidate to make the necessary arrangements in order to obtain security clearance.

|                 |                              |                             |                   |  |
|-----------------|------------------------------|-----------------------------|-------------------|--|
| Driving license | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, category: |  |
|-----------------|------------------------------|-----------------------------|-------------------|--|

### 3. CONTACT DETAILS

| Home country address                |            |                       |                 |         |
|-------------------------------------|------------|-----------------------|-----------------|---------|
| Street                              |            |                       | Zip/postal Code |         |
| Town/city                           |            | County/state/province |                 | Country |
| Telephone no.                       | Mobile no. |                       | Email address   |         |
| Alternative/current contact details |            |                       |                 |         |
| Street                              |            |                       | Zip/postal code |         |
| Town/city                           |            | County/state/province |                 | Country |
| Telephone no.                       | Mobile no. |                       | Email address   |         |

### 4. EDUCATION AND PROFESSIONAL TRAINING

| University education or equivalent                              |  |                            | Attended (mm/yyyy) |     |
|---|--|----------------------------|--------------------|-----|
| Name institution / university, place and country                | Degrees/qualifications obtained (Title of qualification awarded) | Main course/field of study | From:              | To: |
|   |  |                            |                    |     |
|   |  |                            |                    |     |
|   |  |                            |                    |     |
| Secondary education and/or formal vocational education/training |  |                            |                    |     |
| Name institution / place and country                            | Degrees/qualifications obtained (Title of qualification awarded) | Main course/field of study | From:              | To: |
|   |  |                            |                    |     |
|   |  |                            |                    |     |
|   |  |                            |                    |     |
| Civilian crisis management courses                              |  |                            |                    |     |
| Name institution  | Place and country  | Course title               | From:              | To: |
|   |  |                            |                    |     |
|   |  |                            |                    |     |
|   |  |                            |                    |     |
| Hostile Environment Security Training or e-Hest                 |  |                            |                    |     |
| Name institution  | Place and country  | Course title               | From:              | To: |
|   |  |                            |                    |     |
|   |  |                            |                    |     |

**5. EMPLOYMENT RECORD** (in reverse chronological order)

|  |                   |           |  |     |
|--|-------------------|-----------|--|-----|
| <b>Current/most recent position</b>  |                   |           | Current position: Yes <input type="checkbox"/> No <input type="checkbox"/> |     |
| Organisation   | Place and country | Job title | Date (mm/yyyy)   |     |
|  |                   |           | From:  | To: |
|  |                   |           |  |     |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised): |                   |           |  |     |
| Supervisor's name:   |                   | Email:    | Phone No.:   |     |
| <b>Previous position (1)</b> (only positions longer than 6 months)   |                   |           |  |     |
| Organisation   | Place and country | Job title | Date (mm/yyyy)   |     |
|  |                   |           | From:  | To: |
|  |                   |           |  |     |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised): |                   |           |  |     |
| Supervisor's name:   |                   | Email:    | Phone No.:   |     |
| <b>Previous position (2)</b> (only positions longer than 6 months)   |                   |           |  |     |
| Organisation   | Place and country | Job title | Date (mm/yyyy)   |     |
|  |                   |           | From:  | To: |
|  |                   |           |  |     |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised): |                   |           |  |     |
| Supervisor's name:   |                   | Email:    | Phone No.:   |     |
| <b>Previous position (3)</b> (only positions longer than 6 months)   |                   |           |  |     |
| Organisation   | Place and country | Job title | Date (mm/yyyy)   |     |
|  |                   |           | From:  | To: |
|  |                   |           |  |     |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised): |                   |           |  |     |
| Supervisor's name:   |                   | Email:    | Phone No.:   |     |

| Other previous positions and positions shorter than 6 months |                   |           |                |     |
|--|-------------------|-----------|----------------|-----|
| Organisation   | Place and country | Job title | Date (mm/yyyy) |     |
|  |                   |           | From:          | To: |
|  |                   |           |                |     |
|  |                   |           |                |     |
|  |                   |           |                |     |
|  |                   |           |                |     |

## 6. OTHER SKILLS

| Languages (European level *) |       | Native language: |      |            |
|------------------------------|-------|------------------|------|------------|
| Other languages              | Speak | Write            | Read | Understand |
|                              |       |                  |      |            |
|                              |       |                  |      |            |
|                              |       |                  |      |            |

C1, C2 = Proficient; B1, B2 = Independent User; A1, A2 = Basic User

(\*) [Common European Framework of References for Languages](#)

| Computer skills |  |                    |  |                    |  |
|-----------------|--|--------------------|--|--------------------|--|
| Word processor  |  | Web browsing       |  | Presentations      |  |
| Spreadsheets    |  | Financial software |  | Project management |  |

C = Proficient User; B = Independent User; A = Basic User; N/A

## 7. MOTIVATION AND ADDITIONAL INFORMATION

Please explain the reasons for your application, covering your profile and particular interest in this position. Add any other information that might be relevant to your application, including any skills, knowledge and experience for which there was no space above.

## 8. FINAL QUESTIONS

|  |  |                                      |
|--|--|--------------------------------------|
| Please read and answer carefully all questions   |  |                                      |
| Do you have any objections to our making enquires of your employers?   | Yes  | No                                   |
| Do you have any chronic health problems, disabilities or other medical conditions that would limit your physical activity?   | Yes  | No                                   |
| Are you regularly taking any medication?   | Yes  | No                                   |
| Is any relative of yours, to the best of your knowledge, working in (Name of the Mission)  | Yes  | No                                   |
| Is any relative of yours, to the best of your knowledge, applying to this Call for Contributions?  | Yes  | No                                   |
| Have you ever been convicted or sentenced in any criminal proceedings (excluding minor traffic violations)?  | Yes  | No                                   |
| If you responded "yes" to any of the previous questions, please provide details  |  |                                      |
|  |  |                                      |
| 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 | I agree:<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                      |
| Place  | Date   | Signature (typed name is sufficient) |

If selected under contracted status, you will be requested to supply documentary evidence which supports the statements you made above. Do not, however, send any documentary evidence until you have been asked to do so.

**Please submit the completed form as a MS Word Document**