

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 by e-mail to qcc-mali@eeas.europa.eu will be considered as to be applying under the contract regime. Please fill in the application completely electronically and rename the file "SURNAME, Firstname.docx" before sending it.

Application form for EUCAP Sahel Mali

(to be sent by e-mail to qcc-mali@eeas.europa.eu)

Annex 2

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

Post N°/title (specify the vacancy reference, compulsory)	Applicable status regime
First priority:	Seconded status: <input type="checkbox"/> Do you have any objections to us providing feedback to your national authorities in case of non-selection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Second priority:	
Third priority:	
Are you willing to serve in the Mission in a position other than those specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to serve in another Mission than the one you are now applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contracted status: <input type="checkbox"/> Would you accept a contract of employment for less than six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate here if you are a member of the European Gendamerie Force (EGF) <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. PERSONAL DATA

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

Driving licence	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, category	
Do you work in a CSDP Mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify	
Did you previously work in a CSDP Mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify	

3. CONTACT DETAILS

Home country address			
Street		Zip/postal code	
Town/city	County/state/province		Country
Telephone N°	Mobile N°	E-mail address	
Alternative/current contact details			
Street		Zip/postal code	
Town/city	County/state/province		Country
Telephone N°	Mobile N°	E-mail address	

4. EDUCATION AND PROFESSIONAL TRAINING

University education or equivalent			Attended (dd/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)

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

Supervisor's name:		E-mail:		Phone N°:
Other previous positions and positions shorter than 6 months				
Organisation	Place and country	Job title	Date (dd/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

<p>Please explain the reasons for your application, covering your profile and particular interest in this/these position(s). Add any other information that might be relevant to your application, including skills, knowledge and experience.</p>

8. FINAL QUESTIONS

Please read and answer carefully all questions		
Do you have any objections to our making enquires at your employer(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any chronic health problems, disabilities or other medical conditions that would limit your physical activity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you regularly taking any medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any relative of yours, to the best of your knowledge, working in (Name of the Mission)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any relative of yours, to the best of your knowledge, applying to this Call for Contributions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted or sentenced in any criminal proceedings (excluding minor traffic violations)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently working in a CSDP Mission or have worked in a CSDP Mission, do you have any objections against transmitting your last PER (Performance Evaluation Report) to CPCC and/or the Mission upon request?		<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 in MS Word format.