



Organisation for Joint Armament Co-operation Executive Administration

OCCAR-EA APPLICATION FORM

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

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

Vacancy for which you are applying: Post No. _____, Post Title _____	
1. PERSONAL INFORMATION	
Title:	RECENT PHOTOGRAPH
NAME (surname): _____ (first names): _____	
NAME AT BIRTH:	
PK/Insee No./Staff No./Matricola No.:	
DATE/PLACE OF BIRTH (please provide a copy of your passport or Identity card)	
Day: _____ Month: _____ Year: _____	
City: _____ Country: _____	
2. NATIONALITY	
Present Nationality:	
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:
3. RESIDENCE	
Present address (to which correspondence should be sent):	Telephone / -fax:
	Home: 00..
Home address (if different from above):	Office: 00..
	Mobile: 00..
How long have you lived in your present country of residence?	Can we call you at your office?
	No <input type="checkbox"/> Yes <input type="checkbox"/>
	E-mail:

4. MARITAL STATUS

1. Married (Date:)
 2. Legal partnership (Date:)
 3. Divorced (Date:)
 4. Widow(er)
 5. Single

If married, does your spouse work? No Yes

If so, where?

Job title:

5. RELATIVES

Give names of spouse and any dependants
 Other dependants for whom you are legally responsible

NAME	FIRST NAME	RELATIONSHIP	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				
Dutch				

Other 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

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 COMMUNICATION TECHNOLOGY

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

MS WINDOWS		MS OUTLOOK	
MS WORD		MS PROJECT	
MS EXCEL		MS ACCESS	
MS POWERPOINT		MS AX	

Other software used:.....

11.1 ARE YOU A CIVIL SERVANT? National		No <input type="checkbox"/>	Yes <input type="checkbox"/>
International		No <input type="checkbox"/>	Yes <input type="checkbox"/>
If so, what is your current grade?			
Do you have a security clearance?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
If so, what level?			
11.2 MILITARY SERVICE			
Have you completed any compulsory military service		No <input type="checkbox"/>	Yes <input type="checkbox"/>
If not, give reasons.			
12.1 PRESENT EMPLOYMENT			
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			
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"/>			
12.2 PREVIOUS EMPLOYMENT			
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			

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"/>	
12.3 PREVIOUS EMPLOYMENT	
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	
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"/>	
13. 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.	

14. 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"/>

15. HAVE YOU ANY RELATIVES OR ACQUAINTANCES WORKING IN OCCAR?

If so, please specify

16. HOW DID YOU HEAR ABOUT THIS JOB OPPORTUNITY?

17. 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. By signing the application form you agree to the processing of sensitive personal data.

18. 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:
 OCCAR-EA
 Human Resources Division
 Godesberger Allee 140
 53175 Bonn
 Germany**