



Civilian Human Resources Section use only		ATTACH/INSERT RECENT IDENTITY PHOTOGRAPH (passport size) MANDATORY																																					
No.	Received on.																																						
Status:																																							
Application for Civilian Employment		INSERT HERE																																					
 ALLIED JOINT FORCE COMMAND HEADQUARTERS BRUNSSUM 	CIVILIAN HUMAN RESOURCES SECTION HUMAN RESOURCES BRANCH, RESOURCES DIRECTORATE POST BOX 270 6440 AG BRUNSSUM THE NETHERLANDS TEL: NL (0)45-526 2612/3700 FAX: NL (0)45-5262255																																						
Before completing; read and comply with instructions as laid down in General Information for Applicants. To be completed in English in quadruplicate (orig.+ 3 photocopies). Please type, or print in block letters. If more space required, continue on plain paper and repeat item numbers (see item 25).																																							
1. Reference of the vacancy for which you are applying: Post no : Job title:																																							
2. a. Surname:	2.b. First name(s):	2.c. Maiden name (if applicable):																																					
3.a. Permanent address:	3.b. Mailing address (if different from 3.a.)	4. Telephone: Home: Work: Mobile no: Fax:																																					
Email: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																																							
5.a. Country and place of birth:	5.b. Date of birth:	6.a. Citizenship at birth:																																					
5.c. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5.d. Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (explain)	6.b. Citizenship now (if different from 6.a., explain).																																					
7. Please give the following information about spouse and children:																																							
Name	Date of birth	Relationship																																					

8.a. Secondary Education (copies of diplomas/certificates are to be attached)

Name, Place and Country	Years and Months of attendance		Type of School	Qualifications obtained (e.g. certificate(s), diploma(s)) indicating main subjects
	From	To		

8.b. Further Education (copies of diplomas/certificates are to be attached)

Name, Place and Country	Years and Months of attendance		Type of School	Qualifications obtained (e.g. certificate(s), diploma(s)) indicating main subjects
	From	To		

8.c. Please complete additional Education / Training Record (as outlined in General Information for Applicants)

9.a. List professional societies to which you belong:

9.b. List, but do not attach, any significant publications you have written:

10. Languages: describe proficiency below, by ticking the appropriate box. Please start with your mother tongue.

Language	Speaking			Reading			Writing		
	Very Good	Good	Fair	Very Good	Good	Fair	Very Good	Good	Fair

11. Shorthand and typing: indicate speed in words per minute

	English	French	Other
Typing:			
Shorthand:			

12. Indicate your Automated Data Processing skills. (copies of diplomas/certificates are to be attached)

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13. Type(s) of driving licence	CAR <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER <input type="checkbox"/>		
14. Have you completed your compulsory military service?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Rank:			
If yes, indicate dates:	From		To
If no, give reason:			
Do you have further service commitments ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please give details	
<p>15. EMPLOYMENT RECORD Starting with your present post, list in reverse order, details of present / previous employment. Use a separate block for each post. Include also service in the armed forces and note any period during which you were not gainfully employed. If required, attach additional pages in the same format. If employed as military or as a NATO civilian or within one of the co-ordinated organisations, indicate (last) rank/grade and step.</p> <p>A). PRESENT EMPLOYMENT</p> <p>Dates of employment _____ Since _____</p> <p>Net salary per year _____ Starting _____ Present _____</p> <p>Name and address of employer _____</p> <hr/> <p>Tel. no. _____ Type of business _____</p> <p>Title of your position _____ Number of employees under your direct supervision _____</p> <p>Duty location _____</p> <p>Name and position of your supervisor _____</p> <p>Reason for wishing to leave your present employment _____</p> <hr/> <p>Summary of your work:</p>			

B). PREVIOUS EMPLOYMENT

Dates of employment From _____ To _____

Net salary per year Starting _____ Final _____

Name and address of employer _____

Tel. no. _____ Type of business _____

Title of your position _____ Number of employees
under your direct supervision _____

Duty location _____

Name and position of your supervisor _____

Reason for leaving your employment _____

Summary of your work:

C). PREVIOUS EMPLOYMENT

Dates of employment From _____ To _____

Net salary per year Starting _____ Final _____

Name and address of employer _____

Tel. no. _____ Type of business _____

Title of your position _____ Number of employees
under your direct supervision _____

Duty location _____

Name and position of your supervisor _____

Reason for leaving your employment _____

Summary of your work:

D). PREVIOUS EMPLOYMENT

Dates of employment From _____ To _____

Net salary per year Starting _____ Final _____

Name and address of employer _____

Tel. no. _____ Type of business _____

Title of your position _____ Number of employees under your direct supervision _____

Duty location _____

Name and position of your supervisor _____

Reason for leaving your employment _____

Summary of your work:

16. List periods of residence away from home country, excluding holiday trips and short duty travels.

Country	Reason	Dates (From - To)

17. Have you ever been convicted of an offence other than minor traffic violations ?

No Yes, nature of offence(s)

18. What is your present state of health ? Indicate any physical disabilities or chronic illness(es).

19.a. Would you object if we contact your present employer ? Yes No

19.b. Would you object if we contact your previous employer(s) ? Yes No

20. References : List three persons not related to you by blood or marriage, who are familiar with your character and qualifications. Do not repeat supervisor(s) given in item 15.

Name	Full address	Telephone	Profession / Relationship

21. State briefly any special qualification not covered earlier, any activities or other significant features which may help in support of your application.

22. Are you willing to accept a post requiring travel ? Yes, frequently Yes, occasionally No

23. How long is the notice period you would require before you could start employment ?

24. Are you related by blood or marriage to someone who works at the organisation to which you are applying ?

If yes, please list name(s), and relationship(s)

Yes No

Name	Relationship

25. Did you use additional sheets to this application form ? Yes No
If yes, how many ?

“I am willing to undergo the prescribed medical examination prior to any appointment and have no objection to an investigation being conducted by the competent authorities of the state of which I am a member for the issue of a security clearance.”

“I realise that any false statement or omission even if unintended on my part, may lead to the cancellation of my application or may render my appointment liable to termination.”

(Signature)

(Date)