



Organisation for Joint Armament Co-operation Executive Administration

OCCAR-EA 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 blank paper.
Do not leave blanks – all items **must** be completed.

| 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 | |
| Nationality: _____ | |
| If your nationality has changed or is in the process of being changed please provide certified copy of naturalisation decree for new nationality and explain the reasons for changing. | |
| Do you have dual nationality? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| Which? _____ Explain: _____ | |
| 3. PLACE OF RESIDENCE | |
| Present address (to which correspondence should be sent): | Telephone: _____ |
| | Home: 00.. _____ |
| | Office: 00.. _____ |
| Home address (if different from above): | Mobile: 00.. _____ |
| | Can we call you at your office? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | E-mail: _____ |

4. MARITAL STATUS

1. Single 2. Married 3. Other

5. DEPENDANTS

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 * (except your native language) Native Language:

* Grade as: Fluent / Good / Fair / Poor

| | Speaking | Understanding | Reading | Writing |
|---------|----------|---------------|---------|---------|
| English | | | | |
| French | | | | |
| German | | | | |
| Italian | | | | |
| Spanish | | | | |
| Dutch | | | | |

Other languages:

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

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 |
|------------------------|------------|---------|-----------------|------|
| | | | | |

OTHER RELEVANT TRAINING

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

You may be requested to supply documentary evidence in support of the statements you made in this application, and if you have applied previously for OCCAR posts, these applications will also be taken into consideration. Do not send any documentation until you have been asked to do so by the organization.

9. Please list theses, patents, publications and other significant work you have done. Please do not send copies.

10. INFORMATION COMMUNICATION TECHNOLOGY SKILLS

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. NATIONAL STATUS

11.1 Are you a CIVIL SERVANT? No Yes

11.2 Are you in MILITARY SERVICE? No Yes

If so, what is your current grade?

Do you have a security clearance? No Yes
If so, what level?

Do you have any further service commitments? No Yes please give details

Starting with your present post, list in reverse order every employment you have had. Use a separate block for each post and note any period during which you were not gainfully employed. If necessary, you may continue on the last page of this form, and attach additional pages of the same size.

(Please note that it will not suffice to complete these items by simply stating "refer to curriculum vitae", although a CV may also be enclosed.)

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 | Contact Details | May be contacted before interviews? |
| | | Tel: E-mail: | No <input type="checkbox"/> Yes <input type="checkbox"/> |

| | | | |
|--|--|---------|--|
| | | Tel: | |
| | | E-mail: | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | | Tel: | |
| | | E-mail: | No <input type="checkbox"/> Yes <input type="checkbox"/> |

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

No Yes If so, please specify

16. 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.

Applications cannot be returned to candidates, and, if unsuccessful, these files will be destroyed.

17. 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. I am aware that candidates appointed to the post are required to undertake a medical examination by a doctor designed by OCCAR-EA to assess their fitness for duty.

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**