



# APPLICATION FORM

**FOR POST: Head of Unit/Director/Director-General** Click or tap here to enter text.

**For Unit/Directorate/Directorate General** Click or tap here to enter text.

**NOTICE OF VACANCY CONS/AD/** Click or tap here to enter text.

1. **LAST NAME:** Click or tap here to enter text.

**FIRST NAME:** Click or tap here to enter text.

2. **SEX:**  male  female

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3. **ADDRESS** (please inform us immediately of any change of address):

Current address including city, country and postcode: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Tel. (Home): Click or tap here to enter text.

Mobile tel. (incl. country code): Click or tap here to enter text.

Work: Click or tap here to enter text.

4. **DATE OF BIRTH:** Click or tap to enter a date.

5. **NATIONALITY** (if you have another nationality, please indicate that as well): Click or tap here to enter text.

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6. **KNOWLEDGE OF LANGUAGES<sup>1</sup>:**

Main language: Click or tap here to enter text.

Other languages: Click or tap here to enter text.

7. **IT skills:** Click or tap here to enter text.

8. **SECURITY CLEARANCE:**  YES  NO

Which level: Click or tap here to enter text. Valid until: Click or tap to enter a date.

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<sup>1</sup> \* Levels: A1/2 = Basic user, B1/2 = Independent user, C1/2 = Proficient user – according to the CEFR

For a detailed description of the CEFR levels please use the following link: [Common European Framework of Reference for Languages](#)

9. **EDUCATION AND TRAINING** (please enclose numbered scans of supporting documents). Continue on separate sheet(s) if necessary.

<b>Name and type of educational/training establishment:</b> Click or tap here to enter text.
<b>Title of qualification awarded:</b> Click or tap here to enter text.
<b>From (DD/MM/YY):</b> Click or tap to enter a date. <b>To (DD/MM/YY):</b> Click or tap to enter a date.
<b>Supporting document:</b> See Annex NO. Click or tap here to enter text.

<b>Name and type of educational/training establishment:</b> Click or tap here to enter text.
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<b>From (DD/MM/YY):</b> Click or tap to enter a date. <b>To (DD/MM/YY):</b> Click or tap to enter a date.
<b>Supporting document:</b> See Annex NO. Click or tap here to enter text.

10. **PROFESSIONAL EXPERIENCE** (please enclose numbered scans of supporting documents). Continue on separate sheet(s) if necessary.

I. CURRENT POSITION
<b>Employer's name and address:</b> Click or tap here to enter text.
<b>Occupation or position held/job title:</b> Click or tap here to enter text.
<b>Management:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Number of staff managed:</b> Click or tap here to enter text.
<b>Annual budget managed:</b> Click or tap here to enter text.
<b>Duration (years/months/days):</b> Click or tap here to enter a date. <b>From:</b> Click or tap to enter a date. <b>To:</b> Click or tap to enter a date.
<b>Supporting document:</b> See Annex NO. Click or tap here to enter text.

<b>Employer's name and address:</b> Click or tap here to enter text.
<b>Occupation or position held/job title:</b> Click or tap here to enter text.
<b>Management:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Number of staff managed:</b> Click or tap here to enter text.
<b>Annual budget managed:</b> Click or tap here to enter text.
<b>Duration (years/months/days):</b> Click or tap here to enter a date. <b>From:</b> Click or tap to enter a date. <b>To:</b> Click or tap to enter a date.
<b>Supporting document:</b> See Annex NO. Click or tap here to enter text.

<b>Employer's name and address:</b> Click or tap here to enter text.
<b>Occupation or position held/job title:</b> Click or tap here to enter text.
<b>Management:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Number of staff managed:</b> Click or tap here to enter text.
<b>Annual budget managed:</b> Click or tap here to enter text.
<b>Duration (years/months/days):</b> Click or tap here to enter a date. <b>From:</b> Click or tap to enter a date. <b>To:</b> Click or tap to enter a date.
<b>Supporting document:</b> See Annex NO. Click or tap here to enter text.

<b>Employer's name and address:</b> Click or tap here to enter text.
<b>Occupation or position held/job title:</b> Click or tap here to enter text.
<b>Management:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Number of staff managed:</b> Click or tap here to enter text.
<b>Annual budget managed:</b> Click or tap here to enter text.
<b>Duration (years/months/days):</b> Click or tap here to enter a date. <b>From:</b> Click or tap to enter a date. <b>To:</b> Click or tap to enter a date.
<b>Supporting document:</b> See Annex No. Click or tap here to enter text.

<b>Employer's name and address:</b> Click or tap here to enter text.
<b>Occupation or position held/job title:</b> Click or tap here to enter text.
<b>Management:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Number of staff managed:</b> Click or tap here to enter text.
<b>Annual budget managed:</b> Click or tap here to enter text.
<b>Duration (years/months/days):</b> Click or tap here to enter a date. <b>From:</b> Click or tap to enter a date. <b>To:</b> Click or tap to enter a date.
<b>Supporting document:</b> See Annex No. Click or tap here to enter text.

<b>TOTAL professional experience</b>	Click or tap here to enter a date.	Click or tap here to enter a date.	Click or tap here to enter a date.
	<b>Years</b>	<b>Months</b>	<b>Days</b>
<b>TOTAL professional experience in a management function</b>	Click or tap here to enter a date.	Click or tap here to enter a date.	Click or tap here to enter a date.
	<b>Years</b>	<b>Months</b>	<b>Days</b>

11. **Do you have a disability** or are your circumstances such that they might cause difficulties during the tests?  YES  NO  
If so, provide any relevant information so that the Administration can take appropriate measures, where possible.  
[Click or tap here to enter text.](#)

12. **Where did you learn about the vacancy notice?** [Click or tap here to pick one answer](#)

#### **Declaration on Honour**

1. By submitting my application I hereby declare that the statements made on this application form and on the annexes thereto are true and complete.
2. By submitting my application I further declare that:
  - a) I am a national of one of the Member States of the European Union and enjoy full rights as a citizen;
  - b) I have fulfilled all obligations imposed on me by the laws concerning military service;
  - c) I can produce character references as to my suitability to perform the duties envisaged, in particular that I do not have a criminal record and that there are no criminal proceedings pending against me.
3. I am aware that my application will be rejected if I fail to submit, within the time limit set, all supporting documents required to prove that I meet the conditions of eligibility (see vacancy notice).

Date: [Click or tap to enter a date.](#)

### **LIST OF SUPPORTING DOCUMENTS**

(see vacancy notice - section "How to apply", paragraph d)

Annex 1: Click or tap here to enter text.

Annex 2: Click or tap here to enter text.

Annex 3: Click or tap here to enter text.

Annex 4: Click or tap here to enter text.

Annex 5: Click or tap here to enter text.

Annex 6: Click or tap here to enter text.

Annex 7: Click or tap here to enter text.

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