



APPLICATION FORM

Important Note: All the fields in the Application Form are mandatory and must be completed in full. EASO reserves the right to disqualify candidates who do not completely fill in the Application Form properly.

Position:
Ref. No.:

I. PERSONAL DETAILS

Family name:	
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First name(s):		Title (i.e. Mr, Ms, Dr):	
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Correspondence address	Street:				No.:	
	Postal code:		City:		Country:	
	Tel.:				Mobile:	
	Email:					

Gender:	<input type="radio"/> M <input type="radio"/> F	Nationality:	
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Date of birth: (dd/mm/yyyy)		Place of birth:	
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II. PROFESSIONAL EXPERIENCE

a) Selection Criteria

Indicate, giving examples, how you meet **each one** of the selection criteria (essential and advantageous – if any) listed in the vacancy notice. Please use numbering for the criteria in your response to match the numbering of the criteria in the vacancy notice. For any criteria that you would like to leave blank, write 'n/a' next to the number.

The number of words for each criterion should not exceed 200.

Essential

1.

2.

3.

4.

5.

....

Advantageous

1.

2.

3.

4.

5.

....



b) Present or most recent employment

Starting with your present job and continuing in reverse chronological order (present/last job first). Indicate if you have worked full-time (FT) or part-time (PT). If part-time, indicate the percentage compared to full-time.

Please indicate only the jobs you hold/have held and for which you can provide a certification of the period actually worked (i.e. contract).

If you include traineeship / internship / fellowship placements, please indicate this in the 'post/rank' field and state whether remuneration was given.

From	dd/mm/yyyy	To	dd/mm/yyyy	Total	yy/mm/dd	<input type="radio"/> FT <input type="radio"/> PT ...%
Name and address of employer:						
Exact designation of post/rank:						
Number and type of staff under your responsibility:						
Description of duties:						
May we contact your present employer, if necessary?					<input type="radio"/> Yes <input type="radio"/> No	
Period of notice required to leave your present job:						



c) Previous employment

From	dd/mm/yyyy	To	dd/mm/yyyy	Total	yy/mm/dd	<input type="radio"/> FT <input type="radio"/> PT ...%
Name and address of employer:						
Exact designation of post/rank:						
Number and type of staff under your responsibility:						
Description of duties:						
May we contact your employer, if necessary?			<input type="radio"/> Yes <input type="radio"/> No			

From	dd/mm/yyyy	To	dd/mm/yyyy	Total	yy/mm/dd	<input type="radio"/> FT <input type="radio"/> PT ...%
Name and address of employer:						
Exact designation of post/rank:						
Number and type of staff under your responsibility:						
Description of duties:						
May we contact your employer, if necessary?			<input type="radio"/> Yes <input type="radio"/> No			



From	dd/mm/yyyy	To	dd/mm/yyyy	Total	yy/mm/dd	<input type="radio"/> FT <input type="radio"/> PT ...%
Name and address of employer:						
Exact designation of post/rank:						
Number and type of staff under your responsibility:						
Description of duties:						
May we contact your employer, if necessary?			<input type="radio"/> Yes <input type="radio"/> No			

From	dd/mm/yyyy	To	dd/mm/yyyy	Total	yy/mm/dd	<input type="radio"/> FT <input type="radio"/> PT ...%
Name and address of employer:						
Exact designation of post/rank:						
Number and type of staff under your responsibility:						
Description of duties:						
May we contact your employer, if necessary?			<input type="radio"/> Yes <input type="radio"/> No			



From	dd/mm/yyyy	To	dd/mm/yyyy	Total	yy/mm/dd	<input type="radio"/> FT <input type="radio"/> PT ...%
Name and address of employer:						
Exact designation of post/rank:						
Number and type of staff under your responsibility:						
Description of duties:						
May we contact your employer, if necessary?				<input type="radio"/> Yes <input type="radio"/> No		

Possibility to add more tables if necessary.

Total number of years/months of <u>proven</u> working experience including part-time work which is counted pro-rata: years months
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III. EDUCATION

a) Formal education: Indicate schools, colleges, universities, or other relevant institutions attended. Please indicate ONLY the studies for which you have been issued with an official certificate or diploma.

1) Post-graduate education

From: (dd/mm/yyyy)	To: (dd/mm/yyyy)	Minimum mandatory duration of the studies (years):	Title of diploma obtained	Level in international classification (ISCED)	Name and address of institution

2) Higher education (University)

From: (dd/mm/yyyy)	To: (dd/mm/yyyy)	Minimum mandatory duration of the studies (years):	Title of diploma obtained	Level in international classification (ISCED)	Name and address of institution

3) Post-secondary education (non-university level)

From: (dd/mm/yyyy)	To: (dd/mm/yyyy)	Minimum mandatory duration of the studies (years):	Title of diploma obtained	Level in international classification (ISCED)	Name and address of institution

4) Secondary education (or lower)

From: (dd/mm/yyyy)	To: (dd/mm/yyyy)	Minimum mandatory duration of the studies (years):	Title of diploma obtained	Level in international classification (ISCED)	Name and address of institution

b) Training/courses attended

From: (dd/mm/yyyy)	To: (dd/mm/yyyy)	Title of diploma obtained	Name and address of institution

c) Language skills*

Mother tongue:

Other languages:	* Written	* Spoken	* Understanding

* Please specify the level, according to the Common European Framework of Reference for Languages
<http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>



IV. SKILLS AND COMPETENCIES

IT skills	
Organisational skills	
Communication skills	
Other relevant skills	

V. MOTIVATION TO APPLY FOR THIS POST (Max. 500 words)

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VI. REFERENCES

Please provide us with the names of 3 references from your current/previous professional work environment including one direct supervisor.

Name	Company	Address, phone number, email



DECLARATION OF HONOUR

I declare on my word of honour that the information provided above is true and that I am aware that any incorrect statements may invalidate my application.

I further declare on my word of honour that:

- I am entitled to my full rights as citizen;
- I have fulfilled any obligations imposed on me by the laws on military service;
- I meet the character requirements for the duties involved;
- I undertake to submit, as soon as requested, any documents in support of the above statements and declarations;
- I am willing to undergo the prescribed medical examination prior to appointment;
- I undertake to submit, as soon as requested, any documents in support of the above statements and declarations.

I also declare my commitment to act independently in the Agency's interest and I have no interests that might be considered prejudicial to my independence.

I understand and accept that my application may be disqualified or rejected in case:

- of failing to comply with any formal requirement stated in this application form and/or in the related vacancy notice;
- of failing to supply the supporting documents requested following this application and/or in the related vacancy notice.

I understand that, if it is subsequently discovered that any statement is false or misleading, or I have withheld relevant information, even if unintentional, my application (or appointment) may be disqualified, according to the rules laid down in the Staff Regulations.

Name of Applicant

Date

Signature*

* Please be aware that your signature is necessary and will be requested only if you are invited to an interview.