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| **REFERENCE NUMBER:*****(to be introduced by FRONTEX)*** | **FRONTEX/SNE/2017/12\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**STANDARD APPLICATION FORM**

[all the required fields shall be filled in **electronically** **in English**]

**PERSONAL DATA:**

|  |
| --- |
|  |
| **Surname:** |  | **First name:** |  |
|  |
| **Gender:**  | □ **MALE**  | □ **FEMALE** |  |
|  |
| **Nationality:** |  | **Date of birth:** |  |
|  |
| **Address:** |  | **Telephone number:** |  |
|  |
| **E-mail:** |  |
|  |

**POSITION YOU APPLY FOR:**

**Note: The candidates who apply for more than one post, using the same Standard Application Form will be disqualified.**

|  |  |  |
| --- | --- | --- |
| **Position** | **Category** | **Please mark your choice** |
| Research Officer/ Research and Development Unit | SNE | □ |

**PROFESSIONAL EXPERIENCE:**

**Note: Starting with your present post, list in reverse order your previous employment. Copy sections if necessary.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dates (DD/MM/YYYY)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Name and address of employer** |  |
| **Workload** | **Full time ** | **Part time  (………..% )** |
| **Type of business or sector** |  |
| **Occupation or position held** |  |
| **Main activities and responsibilities** |  |
| **Reason for leaving *(optional)***  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dates (DD/MM/YYYY)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Name and address of employer** |  |
| **Workload** | **Full time ** | **Part time  (………..% )** |
| **Type of business or sector** |  |
| **Occupation or position held** |  |
| **Main activities and responsibilities** |  |
| **Reason for leaving *(optional)***  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Dates (DD/MM/YYYY)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Name and address of employer** |  |
| **Workload** | **Full time ** | **Part time  (………..% )** |
| **Type of business or sector** |  |
| **Occupation or position held** |  |
| **Main activities and responsibilities** |  |
| **Reason for leaving *(optional)***  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dates (DD/MM/YYYY)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Name and address of employer** |  |
| **Workload** | **Full time ** | **Part time  (………..% )** |
| **Type of business or sector** |  |
| **Occupation or position held** |  |
| **Main activities and responsibilities** |  |
| **Reason for leaving *(optional)***  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dates (DD/MM/YYYY)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Name and address of employer** |  |
| **Workload** | **Full time ** | **Part time  (………..% )** |
| **Type of business or sector** |  |
| **Occupation or position held** |  |
| **Main activities and responsibilities** |  |
| **Reason for leaving *(optional)***  |  |

**EDUCATION AND TRAINING:**

**Note: Copy sections if necessary.**

|  |
| --- |
| **a. University Education or Equivalent** |
| **Dates (mm/yy)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Full name and type of institution providing education and training *(both in English and original version)***  |  |
| **Principal subjects/occupational skills covered** |  |
| **Diplomas or certificates obtained *(both in English and original version)*** |  |
| **)** |
| **b. Secondary and higher education** |
| **Dates (mm/yy)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Full name and type of institution providing education and training *(both in English and original version)*** |  |
| **Principal subjects/occupational skills covered** |  |
| **Diplomas or certificates obtained *(both in English and original version)*** |  |
|  |
| **c. Other education/Training received** |
| **Dates (mm/yy)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Full name and type of institution providing education and training *(both in English and original version)*** |  |
| **Principal subjects/occupational skills covered** |  |
| **Diplomas or certificates obtained *(both in English and original version)*** |  |

**KNOWLEDGE OF LANGUAGES:**

[**Please use the self assessment grid here:**](http://frontex.europa.eu/assets/About_Frontex/levels_of_language_skills.doc)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Language** | **Mother tongue** | **C2** | **C1** | **B2** | **B1** | **A2** | **A1** |
|  |  |  |  |  |  |  |  |
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**SKILLS AND COMPETENCES:**

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| --- | --- |
| **IT skills** |  |
| **Organizational skills** |  |
| **Communication/interpersonal skills**  |  |
| **Other relevant skills** |  |

**REFERENCES:**

**Please give us the name and contact details of at least two most recent professional references (persons, not relatives, preferably your direct superiors) who may be contacted to provide references.**

**Please note that we may contact the listed persons only after your authorization and in case of sending the job offer.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  |  |  |
| **Telephone number** |  |  |  |
| **E-mail address** |  |  |  |
| **Relationship** |  |  |  |

**MOTIVATION LETTER:**

**Note: Please justify your application by giving any additional information.**

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**AVAILABILITY:**

|  |  |
| --- | --- |
| **Please indicate your availability date:** |  |

**DECLARATION:**

|  |
| --- |
| I, the undersigned, declare that the information provided above is, to the best of my knowledge, true and complete.I further declare that:* I am a national of a member state of the European Union or Schengen associated country.
* I have not been deprived of my civic rights.
* I have complied with the provisions of all military recruitment laws applicable to me.
* I undertake to submit, as soon as requested, any documents in support of the above statements and declarations.
* 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.
* I am willing to undergo the prescribed medical examination prior to appointment and to provide a sworn affidavit to the effect that I have no criminal record.

Finally, I declare my commitment to act independently in the Agency’s interest and I have no interests that might be considered prejudicial to my independence. |

**1. Have you ever applied for any other Frontex post? If yes, please indicate for which one.**

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**2. Have you ever been security screened? If yes, could you please indicate when it was and when it will expire?**

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**3. Where did you find the information about the vacant position you are applying for?**

|  |
| --- |
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|  |  |
| --- | --- |
| **(Date)**  | **(Signature - handwritten)** |
|  |  |

**do not attach any other supporting documents at this stage!**