

5. KNOWLEDGE OF LANGUAGES

FIRST LANGUAGE

LANGUAGES	2(*) :				3(*) :				4(*) :				5(*) :			
	READ	WRITE	UNDERSTAND	SPEAK	READ	WRITE	UNDERSTAND	SPEAK	READ	WRITE	UNDERSTAND	SPEAK	READ	WRITE	UNDERSTAND	SPEAK
EXCELLENT																
VERY GOOD																
GOOD																
Satisfactory																
BASIC																

* Please indicate the name of the language

OTHER LANGUAGES:

6. EDUCATION

PLEASE PROVIDE DETAILS OF ALL EDUCATIONAL ESTABLISHMENTS ATTENDED FROM SECONDARY SCHOOL ONWARDS (LOWER SECONDARY, HIGHER SECONDARY, FURTHER EDUCATION, INCLUDING TECHNICAL OR PROFESSIONAL TRAINING, HIGHER OR UNIVERSITY EDUCATION). CONCERNING POST-SECONDARY EDUCATION PLEASE ALSO MENTION INTERMEDIATE DIPLOMAS (I.E. DEUG, CANDIDATURE, VORDIPLOM).

PLEASE INDICATE WHETHER THE DIPLOMA(S) YOU OBTAINED CORRESPOND TO A COMPLETE CYCLE IN YOUR COUNTRY.

A. SECONDARY, TECHNICAL, PROFESSIONAL AND HIGHER (NON-UNIVERSITY) EDUCATION (PLEASE COMPLETE THIS SECTION ONLY WHEN YOU APPLY FOR A SELECTION FOR FUNCTION GROUP AST)

NAME AND LOCATION OF ESTABLISHMENT (TOWN, COUNTRY)	CERTIFICATE OR DIPLOMA OBTAINED	DATE YOU OBTAINED THE DIPLOMA (DAY, MONTH, YEAR)	COMPLETE CYCLE OF STUDIES YES/NO	NORMAL LENGTH OF COMPLETE CYCLE

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B. UNIVERSITY EDUCATION

NAME AND LOCATION OF ESTABLISHMENT (TOWN, COUNTRY)	CERTIFICATE OR DIPLOMA OBTAINED	DATE YOU OBTAINED THE DIPLOMA (DAY, MONTH, YEAR)	COMPLETE CYCLE OF STUDIES YES/NO	NORMAL LENGTH OF COMPLETE CYCLE

C. GENERAL, SPECIALIST AND FURTHER TRAINING

NAME AND LOCATION OF ESTABLISHMENT (TOWN, COUNTRY)	CERTIFICATE OR DIPLOMA OBTAINED	DATE YOU OBTAINED THE DIPLOMA (DAY, MONTH, YEAR)	COMPLETE CYCLE OF STUDIES YES/NO	NORMAL LENGTH OF COMPLETE CYCLE

7. PROFESSIONAL EXPERIENCE

INDICATE, IN CHRONOLOGICAL ORDER STARTING WITH YOUR PRESENT POST, ALL THE POSTS WHICH YOU HAVE HELD AND THE TASKS YOU PERFORMED.

NATURE AND DESCRIPTION OF TASKS ¹	NAME AND ADDRESS OF EMPLOYER	OCCUPATION RATE ²	FROM (DAY, MONTH, YEAR)	TO (DAY, MONTH, YEAR)

¹ Where necessary enclose a job description, if you have one.

² E.g. full-time, part-time, etc.

8. INFORMATION TECHNOLOGY AND OFFICE SKILLS

<i>TOOLS</i>	<i>WORD</i>	<i>EXCEL</i>	<i>POWER POINT</i>	<i>ACCESS</i>	<i>FRONTPAGE</i>	<i>OUTLOOK</i>	<i>INTERNET</i>	<i>OTHER</i>
EXCELLENT								
VERY GOOD								
GOOD								
SATISFACTORY								
BASIC								

9. DO YOU HAVE A PHYSICAL DISABILITY REQUIRING SPECIAL ARRANGEMENTS TO BE MADE AT THE TESTS?

Yes

No

IF SO, PLEASE GIVE DETAILS AND INDICATE THE NATURE OF THE SPECIAL ARRANGEMENTS YOU CONSIDER NECESSARY.

DECLARATION

I, THE UNDERSIGNED, DECLARE THAT:

- A) I AM CITIZEN OF ONE OF THE MEMBER STATES OF THE EUROPEAN UNION.
- B) I ENJOY MY FULL RIGHTS AS A CITIZEN
- C) I HAVE FULFILLED ANY OBLIGATIONS IMPOSED ON ME BY THE LAWS CONCERNING MILITARY SERVICE.
- D) I MEET THE CHARACTER REQUIREMENTS FOR THE DUTIES INVOLVED
- E) THE INFORMATION PROVIDED ABOVE AND IN THE ANNEXES IS TRUE AND COMPLETE.

I AM AWARE THAT I AM EXPECTED TO PRODUCE SUPPORTING DOCUMENTS CONFIRMING THE INFORMATION GIVEN IN MY APPLICATION.

I AM AWARE THAT ANY FALSE STATEMENT MAY INVALIDATE MY APPLICATION AND/OR, WHERE APPROPRIATE, RESULT IN THE CANCELLATION OF THE CONTRACT, PURSUANT TO ARTICLE 50 OF THE CONDITIONS OF EMPLOYMENT OF OTHER SERVANTS OF THE EUROPEAN UNION³.

(DATE)

(NAME AND SIGNATURE)

³

<http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:01962R0031-20170101&from=FR>