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| **REFERENCE NUMBER:**  ***(to be introduced by the Agency)*** | **eu-LISA/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**STANDARD APPLICATION FORM**

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

**PERSONAL DATA:[[1]](#footnote-1)**

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|  | | | | | |
| **Surname:** | | Click here to enter text. | | **First name:** | Click here to enter text. | |
|  | | | | | |
| **Gender:** | | **MALE** | **FEMALE** |  | | |
|  | | | | | |
| **Citizenship:** | | Click here to enter text. | | **Date of birth:** | Click here to enter text. | |
|  | | | | | |
| **Address:** | Click here to enter text. | | | **Telephone number:** | Click here to enter text. | |
|  | | | | | | |
| **E-mail:** | Click here to enter text. | | | | | |
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**POSITION YOU APPLY FOR:**

|  |  |
| --- | --- |
| **Position /Profile** | **Category / Grade** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**PROFESSIONAL EXPERIENCE:**

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

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

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

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

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

**Do you have any objections against eu-LISA contacting your employers should you be selected for a reserve list?**

**YES**  **NO**

**Comment:** Click here to enter text.

**Is any of you relatives currently employed or providing services to eu-LISA?**

**YES  NO  I DO NOT KNOW**

**Comment:** Click here to enter text.

**EDUCATION AND TRAINING:**

**Note: Copy sections if necessary.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **a. Post graduate education** | | | | | | |
| **Dates (mm/yy)** | **FROM:** | Click here to enter text. | **TO:** | Click here to enter text. | **TOTAL:** | Click here to enter text.  **(years, month)** |
| **Full title and type of institution providing education and training *(both in English and original version)*** | Click here to enter text. | | | | | |
| **Principal subjects/occupational skills covered** | Click here to enter text. | | | | | |
| **Diplomas or certificates obtained *(both in English and original version)*** | Click here to enter text. | | | | | |
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| **b. University Education or Equivalent** | | | | | | |
| **Dates (mm/yy)** | **FROM:** | Click here to enter text. | **TO:** | Click here to enter text. | **TOTAL:** | Click here to enter text.  **(years, month)** |
| **Full title and type of institution providing education and training *(both in English and original version)*** | Click here to enter text. | | | | | |
| **Principal subjects/occupational skills covered** | Click here to enter text. | | | | | |
| **Diplomas or certificates obtained *(both in English and original version)*** | Click here to enter text. | | | | | |
| **)** | | | | | | |

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| **c. Post-secondary education** | | | | | | |
| **Dates (mm/yy)** | **FROM:** | Click here to enter text. | **TO:** | Click here to enter text. | **TOTAL:** | Click here to enter text.  **(years, month)** |
| **Full title and type of institution providing education and training *(both in English and original version)*** | Click here to enter text. | | | | | |
| **Principal subjects/occupational skills covered** | Click here to enter text. | | | | | |
| **Diplomas or certificates obtained *(both in English and original version)*** | Click here to enter text. | | | | | |
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| **d. Secondary and higher education** | | | | | | |
| **Dates (mm/yy)** | **FROM:** | Click here to enter text. | **TO:** | Click here to enter text. | **TOTAL:** | Click here to enter text.  **(years, month)** |
| **Full title and type of institution providing education and training *(both in English and original version)*** | Click here to enter text. | | | | | |
| **Principal subjects/occupational skills covered** | Click here to enter text. | | | | | |
| **Diplomas or certificates obtained *(both in English and original version)*** | Click here to enter text. | | | | | |

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| **e. Other education/Training received/Certificates** | | | | | | |
| **Dates (mm/yy)** | **FROM:** | Click here to enter text. | **TO:** | Click here to enter text. | **TOTAL:** | Click here to enter text.  **(years, month)** |
| **Full title and type of institution providing education and training *(both in English and original version)*** | Click here to enter text. | | | | | |
| **Principal subjects/occupational skills covered** | Click here to enter text. | | | | | |
| **Diplomas or certificates obtained *(both in English and original version)*** | Click here to enter text. | | | | | |

**KNOWLEDGE OF LANGUAGES:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Language** | **Mother tongue** | **C2** | **C1** | **B2** | **B1** | **A2** | **A1** |
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**COMPETENCIES:**

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| --- | --- |
| **IT skills** | Click here to enter text. |
| **Managerial and organizational skills** | Click here to enter text. |
| **Presentation and communication skills** | Click here to enter text. |
| **Service orientation** | Click here to enter text. |
| **Other skills relevant for the position** | Click here to enter text. |

**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 in order to comply with the rules on personal data protection[[2]](#footnote-2) the names and contact data shall be provided with consent of a person listed below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Telephone number** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **E-mail address** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Relationship** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**MOTIVATION LETTER:**

**Note: Please justify your application by outlining how your qualifications meet the selection criteria for the post.**

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|  |
| Click here to enter text. |
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**AVAILABILITY:**

|  |  |
| --- | --- |
| **Please indicate your availability date:** | Click here to enter text. |

**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 post within the Agency? If yes, please indicate for which one.**

|  |
| --- |
| Click here to enter text. |
|  |

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

|  |
| --- |
| Click here to enter text. |
|  |

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

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| **(Date)** | **(Signature - handwritten)** |
| Click here to enter text. |  |

**this application form should be accompanied by**

**the Eligibility checklist and the Declaration of conflict of interest**

**duly completed and signed**

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

1. eu-LISA ensures that applicants' personal data is processed in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data (12.1.2001, OJ, L 8). eu-LISA will not return applications to applicants.

   All applicants may exercise their right of access to and right to rectify personal data. In the case of identification data, applicants can rectify those data at any time during the procedure.

   In the case of data related to the admissibility criteria, the right of rectification cannot be exercised after the closing date of candidatures' submission. Substantiated requests should be e-mailed to the Human resources and Training Unit at [eulisa-RECRUITMENT@eulisa.europa.eu](mailto:eulisa-RECRUITMENT@eulisa.europa.eu). Applicants may have recourse at any time to eu-LISA´s Data Protection Officer [dpo@eulisa.europa.eu](mailto:dpo@eulisa.europa.eu) or directly to the European Data Protection Supervisor [edps@edps.europa.eu](mailto:edps@edps.europa.eu). [↑](#footnote-ref-1)
2. Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data (12.1.2001, OJ, L 8). [↑](#footnote-ref-2)