



**APPLICATION FORM**  
**SELECTION OF TEMPORARY STAFF**

**Selection No.** (This number should be quoted in all correspondence.)

e.g. COM/TA/reference DG/14/... or ... T/reference DG/14 (as mentioned in the Selection Notice)

**YOU MUST FILL IN THE APPLICATION FORM COMPLETELY. FAILURE TO DO THIS MAY RESULT IN YOUR APPLICATION BEING REJECTED.**

**YOU MAY COMPLETE THE APPLICATION FORM IN ANY OF THE 24 OFFICIAL LANGUAGES OF THE EUROPEAN UNION.**

**PLEASE NOTE THAT YOUR WHOLE APPLICATION FORM WILL BE ACCESSED BY THE SELECTION BOARD (DURING THE SELECTION) AND BY THE HR SERVICES OF THE EUROPEAN COMMISSION (FOR RECRUITMENT IN CASE YOU ARE A SUCCESSFUL CANDIDATE) WHO WORK IN A LIMITED NUMBER OF VEHICULAR LANGUAGES.**

**IN CASE YOU SUCCEED IN THE SELECTION AND ARE PLACED ON THE LIST OF APTITUDE, YOU WILL BE ASKED TO PROVIDE A TRANSLATION OF THE APPLICATION FORM IN LANGUAGE 2 (ENGLISH OR FRENCH) TO THE RECRUITING SERVICES IF YOU HAVE USED ANOTHER LANGUAGE FOR FILLING IN THE APPLICATION FORM.**

1. **SURNAME**

**MAIDEN NAME (IF APPLICABLE)**

**FORENAMES**

2. **ADDRESS**

**(PLEASE ADVISE OF ANY CHANGES AS SOON AS POSSIBLE)**

**E-MAIL**

**TEL. WORK**

**TEL. HOME**

**MOBILE TEL.**



**6. 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>
<b>EXCELLENT</b>								
<b>VERY GOOD</b>								
<b>GOOD</b>								
<b>SATISFACTORY</b>								
<b>BASIC</b>								

**7. UNIVERSITY EDUCATION**

PLEASE PROVIDE DETAILS OF ALL EDUCATIONAL ESTABLISHMENTS ATTENDED AND DIPLOMA(S) OBTAINED AFTER SECONDARY SCHOOL (HIGHER OR UNIVERSITY EDUCATION, TECHNICAL OR PROFESSIONAL TRAINING, ETC.). CONCERNING POST-SECONDARY EDUCATION PLEASE ALSO MENTION INTERMEDIATE DIPLOMA(S) (I.E. DEUG, CANDIDATURE, VORDIPLOM).

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

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

If needed add extra rows.

**8. 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

If needed add extra rows.

**9. 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 <sup>1</sup>	NAME AND ADDRESS OF EMPLOYER	OCCUPATION RATE <sup>2</sup>	FROM (DAY, MONTH, YEAR)	To (DAY, MONTH, YEAR)

<sup>1</sup> Where necessary enclose a job description, if you have one.

<sup>2</sup> E.g. full-time, part-time, etc.


If needed add extra rows.

10. **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 FILE.

I AM AWARE THAT ANY FALSE STATEMENT MAY INVALIDATE MY APPLICATION FILE 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 UNION<sup>3</sup>.

(DATE)

(NAME AND SIGNATURE)

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<sup>3</sup>

<http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:01962R0031-20180101&from=FR>