



COMPETITION NO.

JOB TITLE

MANAGERS COMMENTS  
*(for internal candidates only)*

**1. PERSONAL INFORMATION**

Name *(family name, maiden name and forename)*

Payroll n° *(for internal candidates only)*

Nationality

Date and place of birth

Sex Male  Female

\* *(Internal candidates should proceed directly to item n°2)*

Address for correspondence

Permanent address (if different)

Mobile Tel

Work Tel

Home Tel

E-mail

Chosen language for correspondence English  French

Marital Status Single  Married  Divorced  Other *(please specify)*

Do you have any relatives working at EUROCONTROL Yes  No  *If yes please give details below*

**2. LANGUAGES**

Mother tongue

Others *(please specify)*

English French

|           |                          |                          |                          |                          |                          |                          |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very Good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Good      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basic     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3. COMPUTER SKILLS *(please specify)***

**4. PERSONALITY**

*Using adjectives, describe three strengths and three areas for improvement*

*Strengths*

*Areas for improvement*

- 1)
- 2)
- 3)

- 1)
- 2)
- 3)

**5. PROFESSIONAL EXPERIENCE**

*Please complete in reverse chronological order, using additional pages where necessary*

Date

Name and address of present or last employer

Job Title

Languages used

Number of staff you managed

No of employees in company

Period of notice

Reason for leaving

**DUTIES**

Date

Name and address employer

Job Title

Languages used

Number of staff you managed

No of employees in company

Period of notice

Reason for leaving

**DUTIES**

|  |   |
|--|---|
| <p><b>6. EDUCATION AND TRAINING</b><br/><i>(Please, do not translate title of award received)</i></p> <p>Date</p> <p>Name and address of establishment</p> <p>Title of qualification awarded</p> | <p><b>POST UNIVERSITY EDUCATION</b></p>                                       |
| <p>Date</p> <p>Name and address of establishment</p> <p>Title of qualification awarded</p>   | <p><b>UNIVERSITY EDUCATION</b></p>  |
| <p>Date</p> <p>Name and address of establishment</p> <p>Title of qualification awarded</p>   | <p><b>HIGHER EDUCATION</b></p>  |
| <p>Date</p> <p>Name and address of establishment</p> <p>Title of qualification awarded</p>   | <p><b>SECONDARY EDUCATION</b></p>   |
| <p>Date</p> <p>Name and address of establishment</p> <p>Title of qualification awarded</p> <p>Publications</p>   | <p><b>OTHER EDUCATION/WORKS PUBLISHED</b></p>                                 |
| <p><b>7. PROFILE</b></p>   | <p><b>PLEASE EXPLAIN HOW, IN YOUR VIEW, YOU MEET THE JOB REQUIREMENTS</b></p> |

**8. REFERENCES***(for external candidates only)**Please give the names and contact details of three persons not related to you who know you professionally and/or personally*

|    | <b>Name</b> | <b>Contact Details</b> | <b>Occupation</b> |
|----|-------------|------------------------|-------------------|
| 1) |             |                        |                   |
| 2) |             |                        |                   |
| 3) |             |                        |                   |

PLEASE STAPLE A RECENT PASSPORT

PHOTOGRAPH HERE

*(for external candidates only)*

I, THE UNDERSIGNED, DECLARE THAT THE INFORMATION PROVIDED ABOVE IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE.

I FURTHER DECLARE THAT:

- 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 CONCERNING MY MARITAL STATUS OR 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 HAVE NO OBJECTION TO AN INVESTIGATION BEING CONDUCTED BY THE COMPETENT AUTHORITIES OF THE STATE OF WHICH I AM A NATIONAL, WITH A VIEW TO THE ISSUE OF A CERTIFICATE OF SECURITY CLEARANCE.

DATE AND SIGNATURE

External candidates should send their completed application form to the postal address indicated below by the closing date. Please note that the post mark will be taken into consideration. Electronic or faxed application forms may not be accepted.

Internal candidates should submit their completed application form via the hierarchical channel. An advance copy should be submitted to HRS/M/R before or on the closing date.

**EUROCONTROL – HR MANAGEMENT SERVICES - RECRUITMENT AND ASSIGNMENT**

Rue de la Fusée 96 B-1130 Bruxelles Tel. +32 2 729 35 21 or 729 4774 Fax. +32 2 729 90 70  
 Email : [recruitment@eurocontrol.int](mailto:recruitment@eurocontrol.int) Internet : <http://www.eurocontrol.int>