

EUROPEAN EXTERNAL ACTION SERVICE



Instructions: Candidates who wish to be considered should submit their application forms to their respective national authorities for their approval. All applications sent directly to mail: cpcc.coordination@eeas.europa.eu will be considered as not valid. Please fill in the application form completely electronically and rename the file "SURNAME, Firstname.docx" before sending it (in Word only).

Application form for Crisis Management Exercise ML-PACE 2018

(to be sent by e-mail to cpcc.coordination@eeas.europa.eu)

1. NOMINATION DETAILS (indicate positions and status regime applied for)

Post N°/title	Do you have any objections to us providing feedback to your national authorities in case of non-selection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Planning Expert	

2. PERSONAL DATA

Last name		First name	
Birth date	(dd/mm/yyyy)	Country of birth	
Passport N°		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Present nationality		Other nationality	
Police Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current rank	
Military Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current rank	
Civilian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Profession	
Security clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what level	

3. CONTACT DETAILS

Home country address		
Street	Zip/postal code	
Town/city	County/state/province	Country
Telephone N°	Mobile N°	E-mail address
Alternative/current contact details		
Street	Zip/postal code	
Town/city	County/state/province	Country

Telephone N°	Mobile N°	E-mail address
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4. EDUCATION AND PROFESSIONAL TRAINING

University education or equivalent			Attended (dd/mm/yyyy)	
Name institution/ university, place and country	Degrees/qualifications obtained (Title of qualification awarded)	Main course/field of study	From:	To:
Secondary education and/or formal vocational education/training				
Name institution/place and country	Degrees/qualifications obtained (Title of qualification awarded)	Main course/field of study	From:	To:
Civilian crisis management courses				
Name institution	Place and country	Course title	From:	To:

5. EMPLOYMENT RECORD (in reverse chronological order)

Current/most recent position			Current position: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	
			From:	To:
Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised):				
Supervisor's name:		E-mail:	Phone N°:	
Previous position (1) (only positions longer than 6 months)				
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	

			From:	To:
Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised):				
Supervisor's name:		E-mail:		Phone N°:
Previous position (2) (only positions longer than 6 months)				
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	
			From:	To:
Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised):				
Supervisor's name:		E-mail:		Phone N°:
Previous position (3) (only positions longer than 6 months)				
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	
			From:	To:
Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised):				
Supervisor's name:		E-mail:		Phone N°:

Other previous positions and positions shorter than 6 months				
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	
			From:	To:

6. OTHER SKILLS

Languages (European level *)		Native language:		
Other languages	Speak	Write	Read	Understand

C1, C2 = Proficient; B1, B2 = Independent User; A1, A2 = Basic User

(*) [Common European Framework of References for Languages](#)

Computer skills					
Word processor		Web browsing		Presentations	
Spreadsheets		Financial software		Project management	

C = Proficient User; B = Independent User; A = Basic User; N/A

7. MOTIVATION AND ADDITIONAL INFORMATION

Please explain the reasons for your application, covering your profile and particular interest in this/these position(s). Add any other information that might be relevant to your application, including skills, knowledge and experience.

8. FINAL QUESTIONS

By submitting this application form, I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.			I confirm: <input type="checkbox"/> Yes <input type="checkbox"/> No
Place	Date	Signature (typed name is sufficient)	

Please submit the completed form in MS Word format.