

Application Form for the Specialist Chambers and Specialist Prosecutor's Office

Call for Contributions 1-2020

(for candidates from the Third Contributing States ONLY)

Annex 2

INSTRUCTIONS:

Seconded Candidates: Candidates who wish to be considered as seconded should submit their application form to their respective National Authorities for their approval. Only applications submitted by the authorized National Authorities will be considered as seconded. National Authorities nominating candidates are kindly requested to send the respective application form to the following email only, and not any other addresses: schr@eeas.europa.eu.

Contracted Candidates: Candidates who wish to apply as contracted should submit their application form directly to the following email only, and not any other addresses: applications@scp-ks.org.

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

Seconded status	Do you have any objections to us providing feedback to your National Authorities in case of non-selection?
Contracted	Would you accept a contract of employment for less than six (6) months?
Contracted status	If selected under contracted status, do you allow the country of your nationality to be informed of your selection notably in order to facilitate the issuance of security clearance?
Post number and Titl	le
First priority:	
Second priority:	
Third priority:	
Are you willing to serve specified above?	e in the Specialist Chambers and Specialist Prosecutor's Office in a position other than those
Please indicate here if y	ou are a member of the European Gendarmerie Force (EGF)

2. PERSONAL DATA

Last name	First name
Birth date	Country of birth
Passport N°	Gender
Present nationality	Other nationality
Police Officer	If yes, current rank
Military Officer	If yes, current rank
Civilian	Profession
Security clearance	If yes, at what level
Driving licence	If yes, category
Do you work in a CSDP Mission?	If yes, please specify
Did you previously work in a CSDP Mission?	If yes, please specify

DEPENDANTS

Relative's Name	Relationship	Date of Birth	City/Country of Birth	City/Country of Residence

RELATIVES EMPLOYED IN THE SPECIALIST CHAMBERS AND SPECIALIST PROSECUTOR'S OFFICE/EU/INTERNATIONAL ORGANISATIONS

Relative's Name	Relationship	Organisation

3. CONTACT DETAILS

Home country address					
Street				Postal code	
Town/city	County/state/province		Country		
Telephone N°		Mobile N°			
E-mail address		Skype addres	SS		
Alternative/current contact det	ails				
Street				Postal code	
Town/city	County/state/prov	vince		Country	
Telephone/ Mobile N°	I	E-mail address			

4. EDUCATION AND PROFESSIONAL TRAINING

University education or	Attended (dd/n	nm/yyyy)		
Name institution/university, place and country	Degrees/qualifications obtained (Title of qualification awarded)	Main course/field of study	From:	То:

Secondary education ar	nd/or formal vocational ed			
Name institution/place and	Degrees/qualifications obtaine	· · · · · · · · · · · · · · · · · · ·	From:	То:
country	(Title of qualification awarded)) study		
			†	
Civilian crisis managen	nent courses			
Name institution		Course title	From:	To:
Name institution	Place and country	Course due	From:	10:
	+			
Hostile Environment S	ecurity Training or e-Hes	t		
Name institution	Place and country	Course title	From:	То:
	· - 		-	
			1	
5. EMPLOYMENT REC	CORD (in reverse chronolo	ogical order)		
Current/most recent po	osition		Current posit	tion:
		Job title	Date From:	Date To:
Olganisation	1 face and country	100 tuc	Date I Ioiii.	Date 10.
Description of tasks and res	sponsibilities (management leve	el, supervisory level, numb	er of personnel s	supervised)
			1	7

Supervisor's name:		E-mail:			Phon	ne N°:	
Previous position (1) (c	only positions	longer than	6 months)				
Organisation	Place and cou		Job title			Date From:	Date To:
Description of tasks and re	esponsibilities (1	management l	evel, supervisory	y level, nu	nmber	of personnel s	upervised)
Supervisor's name:							

Previous position (2) (only positions longer than 6 months)								
Organisation	Place and cou	ıntry	Job title		Date From:	Date To:		
Description of tasks and re	sponsibilities (1	management le	evel, supervisory level, nu	umber	of personnel s	upervised)		
Conservation of a name:		E-mail:		Dhor	ne N°:			
Supervisor's name:		E-IIIau.		PHOL	ie iv :			
	ŀ	1						
Previous position (3) (c	only positions	longer than 6	ó months)					
Previous position (3) (organisation	only positions Place and cou		5 months) Job title		Date From:	Date To:		
			•		Date From:	Date To:		
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Previous position (4) (only positions longer than 6 months)								
Organisation	Place and co	untry	Job title		Date From:	Date To:		
Description of tasks and re	sponsibilities ((management leve	el, supervisory level, n	umber	of personnel s	upervised)		
Supervisor's name:		E-mail:		Dhor	ne N°:			
Supervisor's frame.		E-111an.		FHOL	ie iv .			
Previous position (5) (c	only positions	s longer than 6 i	months)					
Organisation	Place and co	ountry	Job title		Date From:	Date To:		
Organisation	Place and co	ountry	Job title		Date From:	Date To:		
Organisation	Place and co	ountry	Job title		Date From:	Date To:		
Organisation Description of tasks and re				umber				
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		(management lev						

	Previous position (6) (only positions longer than 6 months)							
Organisation	Place at	nd country	Job title		Date From:	Date To:		
Description of tasks and re-	sponsibil	ities (management leve	l, supervisory level, nu	ımber	of personnel su	ipervised)		
Supervisor's name:		E-mail:		Phon	e N°:			
Previous position (7) (c	only posi	tions longer than 6 n	nonths)					
Organisation	Place ar	nd country	Job title		Date From:	Date To:		
Description of tasks and re	cooncibil	ities (management leve	al cupervisory level n	umber	of personnel s	uparrised)		
Description of tasks and re	sponsibil	ities (management leve	el, supervisory level, n	umber	of personnel s	upervised)		
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Description of tasks and re Supervisor's name:	sponsibil	ities (management leve	el, supervisory level, n	Phon		upervised)		

Previous position (8) (only positions longer than 6 months)							
Organisation	Place ar	nd country	Job title	Date From:	Date To:		
Description of tasks and res	ponsibili	ties (management level	l, supervisory level, num	ber of personnel s	upervised)		
C		T2		N NTO.			
Supervisor's name:		E-maii:	E-mail: Phone N°:				
Other previous position					T		
Organisation	Place a:	nd country	Job title	Date From:	Date To:		
					<u> </u>		

ADDITIONAL RELEVANT EXPERIENCE/INFORMATION

Do you have or have you ever had any personal, financial, professional connection or any other affiliations with Kosovo or neighbouring countries?
Please indicate whether you have ever resided, been educated, had military and/or police service in those areas. If yes, please give full details.

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

d any other infor	asons for your applic mation that might be	relevant to your	application, inclu	ding skills, knowle	edge and experien

8. FINAL QUESTIONS

Please read and answer carefully all questions in the space provided.
a) Do you have any objections to us making enquires with your current and/or former employer(s), including current or former supervisors, and/or with other persons appropriate for that purpose who you have referred to in the Application Form? If yes, please provide details.
b) Do you have any chronic health problems, disabilities or other medical conditions for which you require any special arrangements in relation to working in the office or for work related travel? If yes, please provide details.
If yes, please provide details.
c) Is a partner or any relative of yours, to the best of your knowledge, applying to this Call for Contributions?
If yes, please provide the name of the relative applicant and the title(s) of the position(s).
d) Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, sentenced or imprisoned for violations of any law (excluding minor traffic violations)? If yes, please provide full details of each case.
e) Do you have now or have you had contact with any member of any Government Security or Intelligence Service in the last three years, including any contact in the course of your employment?
If yes, please provide details of each case.

f) Have you ever been refused a Security Clearance for If yes, please provide full details, also indicating for		, ,			
g) Do you have any other affiliation relevant to the position(s) you are applying for at the Specialist Chambers and Specialist Prosecutor's Office? If yes, please provide full details					
Declaration of Honour and Understanding					
By ticking the box "Yes" below and submitting this	Application Fo	orm:			
I understand and accept that the Specialist Chamber personal and professional integrity from all its staff.	I understand and accept that the Specialist Chambers and Specialist Prosecutor's Office requires the highest level of personal and professional integrity from all its staff.				
I hereby certify that the statements made by me in this Application Form are true, complete and correct to the best of my knowledge and belief. I understand and accept that any misrepresentation or material omission made on the Application Form may result in the application being void and withdrawal of any Offer of Employment or termination of any Contract of Employment.					
I agree that the information provided in my Application Form may be used in the screening process that forms an integral part of the selection procedure, during which the Specialist Chambers and Specialist Prosecutor's Office may contact me for clarifications.					
I am aware that the Specialist Chambers and Specialist Prosecutor's Office has the right to terminate my employment, if the National Security Agency of my country of citizenship and/or residence issues a negative Personnel Security Clearance at the requested appropriate level after the signature of my Contract of Employment.					
Yes					
Place	Date	Signature (typed name is sufficient)			

If selected under a contracted status, you will be requested to supply documentary evidence which supports the statements you made above. Do not, however, send any documentary evidence until you have been asked to do so.