**INSTRUCTIONS**:

**Seconded Candidates**: Candidates who wish to be considered as seconded should submit their application forms 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 forms 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 forms directly to the following email only, and not any other addresses: applications@scp-ks.org.

**Application Form for the Specialist Chambers and Specialist Prosecutor’s Office**

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

|  |  |
| --- | --- |
| **Post N°/title (specify the vacancy reference, compulsory)** | **Applicable status regime** |
| First priority:       | **Seconded** status: Do you have any objections to us providing feedback to your National Authorities in case of non-selection? Yes  No |
| Second priority:       |
| Third priority:       |
| Are you willing to serve in the Specialist Chambers and Specialist Prosecutor’s Office in a position other than those specified above? Yes  No | **Contracted** status: Would you accept a contract of employment for less than six (6) months?  Yes  NoIf 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? Yes  No |
| Please indicate here if you are a member of the European Gendarmerie Force (EGF) Yes  No |

**2. PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |       | First name |       |
| Birth date | (dd/mm/yyyy)       | Country of birth |       |
| Passport N° |       | Gender |  Male Female |
| Present nationality |       | Other nationality |       |
| Police Officer |  Yes  No | If yes, current rank |       |
| Military Officer |  Yes  No | If yes, current rank |       |
| Civilian |  Yes  No | Profession |       |
| Security clearance |  Yes  No | If yes, at what level |       |
| Driving licence |  Yes  No | If yes, category |       |
| Do you work in a CSDP Mission? |  Yes  No | If yes, please specify |       |
| Did you previously work in a CSDP Mission? |  Yes  No | If yes, please specify |       |

**DEPENDANTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relative’s Name** | **Relationship** | **Date of Birth**  | **City/Country****of Birth** | **City/Country****of Residence** |
|       |       | (dd/mm/yyyy)       |       |       |
|       |       | (dd/mm/yyyy)       |       |       |
|       |       | (dd/mm/yyyy)       |       |       |
|       |       | (dd/mm/yyyy)       |       |       |
|       |       | (dd/mm/yyyy)       |       |       |

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

**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: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| **Hostile Environment Security Training or e-Hest** |
| Name institution | Place and country | Course title | From: | To: |
|       |       |       |       |       |
|       |       |       |       |       |

 |

**5. EMPLOYMENT RECORD** (in reverse chronological order)

|  |  |
| --- | --- |
| **Current/most recent position** | Current position:  Yes  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: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

 **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](http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr)

|  |
| --- |
| **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**

|  |
| --- |
| Please read and answer carefully all questions in the space provided. In case needed, please add a separate sheet. |
| a) Do you have any objections to our 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.      |  Yes  No |
| 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.      |  Yes  No |
| 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).       |  Yes  No |
| 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.      |  Yes  No |
| 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.      |  Yes  No |
| f) Have you ever been refused a Security Clearance from any government or security clearance agency?If yes, please provide full details, also indicating for which positions.      |  Yes  No |
| 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      |  Yes  No |
| Declaration of Honour and UnderstandingI 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. |
| Place | Date | Signature (typed name is sufficient). If successful in the selection procedure, you will be requested to sign. |

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.

**Please submit the completed form in MS Word format.**