# THE EUROPEAN ENVIRONMENT AGENCY

## **APPLICATION FORM**

(All questions must be answered. Where appropriate, please put "no". Do not leave blanks or put dashes. To be filled in by typewriter or in block letters using BLACK ink.)

	Please give details of the post for which you wish to be considered (see Vacancy Notice):								(see	
Photo	R	Reference Number:								
	Т	itle of Po	ost:							
			icate Refer this applica		ber <b>on th</b>	e envelope	and in all	future co	prrespond	ence
1. Surname <sup>1</sup>						Forenam	e(s):			
2. Address for correspondence:										
Street			No.			Postal co	ode	City		
Country	Telephone No.			Fax No. (if any)						
3. Place of birth:			4. Г	ate of b	irth:					
			Day:			Month:		Yea	r:	
5. Nationality (if du	ıal, indicate bo	oth):								
6. Sex <sup>2</sup> :			I	Female					Male	
7. Knowledge of lan  Place the following n  1 Mother tong  2 High level  3 Good workin  4 Minimal	umbers (1, 2, tue)	3, or 4)) French	in the app	oropriate Italian	box or b	Portu-	Swedish	Finnish	Norwe-	Icelan-
						guese			gian	dic

Polish

Romanian

Slovak

Slovenian

Maltese

Turkish

Other (please specify)

Lithuanian

Estonian

Hungarian

Latvian

Bulgarian

Czech

<sup>&</sup>lt;sup>1</sup> Your application will be registered under this name. Please use it and quote the number of the competition in all correspondence. Any other name (e.g. maiden name) appearing on diplomas or certificates accompanying this application should be indicated below:

<sup>&</sup>lt;sup>2</sup> The EEA is an equal opportunities employer

#### 8. Education:

A. Primary, secondary, advanced secondary or technical education, no university level

71. Timaly, secondary, advanced secondary of technical education, no university level					
Certificates or diplomas obtained	Years of study		Main subjects studied	Name and address of establishment	
obtained					
	from	to			
		h			
		[			

B. Higher education (university or equivalent)

<b>D.</b> Higher education (un	iversity or	equivalent	)	
Certificates or diplomas obtained	Years of study		Main subjects studied	Name and address of establishment
obtained				
	from	to		
		•		

C. Post-graduate education

C. 1 0st graduate education						
Certificates or diplomas obtained	Years of study		Main subjects studied	Name and address of establishment		
	from	to				

D. Further training or specialised courses and seminars relating to your professional activity (Enclose certificates where applicable.)

Type of course/seminar (subject)	Duration of course (years/months)		Institute
	from	to	
	from	to	
	from	to	
	from	to	

A photocopy of the diploma or degree most recently obtained and mentioned under A and/or B above must be attached to this application form!

### 9. Previous employment

Please indicate, starting with your present job, the jobs you had, in reverse chronological order, and state any important experience acquired outside this period which you think may be useful in assessing your previous employment. Use one section for each job, and additional sheets if necessary.

Present or most recent job					
1. Name and address of employer:	Period of e	Duration:			
	From:	To:	(equivalent to		
	(day, month, year):	(day, month, year):	<u>full time</u> months) <sup>3</sup> :		
	/ /	/ /			
Exact designation of post:					
Place of work:					
Nature of work:					
Reasons for leaving:					
Reasons for feaving.					
10. May reference be made to your present employe	r? Yes	☐ No			
11. Period of notice required to leave your present p	ost:				

<sup>&</sup>lt;sup>3</sup> If you are/were employed part time, please calculate the equivalent in full time months.

Previ	ous job:		
2. Name and address of employer:	Empl	Duration	
•	From:	To:	(equivalent to
	(day, month, year):	(day, month, year):	<u>full time</u> months) <sup>3</sup> :
	/ /	/ /	
Nature of work:			
Reasons for leaving:			
Forli	er jobs:		
3. Name and address of employer:	Empl	oyed:	Duration
	From:	To:	(equivalent to
	(day, month, year):	(day, month, year):	<u>full time</u> months)3
	, ,	/ /	
Nature of work:	/ /	1 1	
Tractale of work.			
Reasons for leaving:	•		
reasons for feating.			
4.Name and address of employer:	Empl	oyed:	Duration
	From:	To:	(equivalent to
	(day, month, year):	(day, month, year):	<u>full time</u> months)3
XX	/ /	/ /	
Nature of work:			
Reasons for leaving:			

## Continue on additional sheets if necessary!

<sup>&</sup>lt;sup>3</sup> If you are/were employed part time, please calculate the equivalent in full time months.

	12. Long periods spent abroad in relation to your professional activities and/or studies: please indicate dates, countries visited, purposes of stay)				
13. Do you have a physical handic	eap which might cause practical problems during the tests or interview?				
Yes	□No				
(If yes, please provide details on a s	eparate sheet <sup>4</sup> )				
14. Cultural and social activities a	and sports:				
15. If you have ever been convicte	d or found guilty of any offence by any Court, please supply details				
16. Please indicate how you heard	of the competition:				

<sup>&</sup>lt;sup>4</sup> The only purpose of this question is to enable the administration to make the necessary arrangements

#### **Important:**

The application form can only be considered, if:

- you sent it in no later than the closing date specified (date of postmark serves as proof)
- the application form is filled in legibly, then signed and dated
- you have attached photocopies of examination certificates and of a document giving proof of nationality
- the reference number of the selection chosen is clearly indicated in the form and on the envelope

### **DECLARATION**

I, the undersigned, declare on my word of honour that the information provided above is true and complete. I declare on my word of honour that:

- 1. I enjoy my full rights as a citizen
- 2. I have fulfilled all legal obligations concerning military service

I undertake to submit, as soon as possible after being asked, documents concerning marital status or any other documents in addition to those already attached and listed in the annex.

I realise that any false statement or omission, even if unintentional, may lead to the cancellation of my application.

I am willing to undergo the prescribed medical examination prior to any engagement.

Date	Signature

# THE EUROPEAN ENVIRONMENT AGENCY

Name and address to be completed by the applicant	
Acknowledgement of Receipt of Application	
This acknowledgement does not necessarily mean that you will be called for interview.	
You will be notified in writing of the decision on your application. In the meantime, please do not telepho will not be possible to provide any further information.	one as it
Reference No:	
List of documents and/or diplomas (copies only, please) attached to the Application form:	
(To be completed by the applicant)	
1.	
2.	
3.	
<u>4.</u>	
5. 6.	
7	
8	
9.	
10.	
Stamp/date and signature of the Secretariat of the Selection Committee	he

EUROPEAN ENVIRONMENT AGENCY, KONGENS NYTORV 6, DK-1050 COPENHAGEN K, DENMARK