



Notice of Recruitment AD 03/2015 APPLICATION FORM

Swedish language Administrator (F/M) Temporary Agent - grade AD 5

1. SURNAME: Forenames:

2. ADDRESS: (Please notify immediately to us any change of address) Home tel .number: Mobile phone: Street: N°: Post code: Town: Country E-mail address:

3. DATE AND PLACE OF BIRTH:

4. SEX: Male Female

5. PRESENT NATIONALITY (if dual indicate both):

6. KNOWLEDGE OF LANGUAGES: (to complete this section, please read point III.B.2. of the current notice of vacancy)

Table with 13 columns (German, English, Danish, Spanish, Finnish, French, Greek, Italian, Dutch, Portuguese, Swedish, Estonian) and 3 rows (Very good, Good, Fair)

Table with 13 columns (Hungarian, Latvian, Lithuanian, Maltese, Polish, Slovakian, Slovenian, Czech, Bulgarian, Romanian, Irish, Other) and 3 rows (Very good, Good, Fair)

7. OPTIONAL: Membership of a political Party (reply optional): Yes No Party: Date of membership

1 IMPORTANT : Your application will be registered under this name. Please use it and quote the number of the notice of vacancy in all correspondence. Any other name (e.g. maiden name) on diplomas or certificates accompanying this application should be indicated here:

8. **STUDIES** (attach photocopies of diplomas and certificates you need to qualify as a candidate):

A. Primary, secondary, advanced or technical education			
Name and address of establishment (town and country)	Years of study		Certificates and/or diplomas obtained. State official length of course and main subjects
	from	to (1)	

B. Higher education			
Name and address of University or other establishment (town and country)	Years of study		Certificates and/or diplomas obtained. State official length of course and main subjects
	from	to (1)	

Post graduate education			
Name and address of University or other establishment (town and country)	Years of study		Diploma or other qualification obtained
	from	to (1)	

(1) State the date (month and year) when the studies were completed and/or the qualification was obtained.

9. **PROFESSIONAL EXPERIENCE** (attach photocopies of supporting documents)

Experience counted up to a maximum of one year

Contracts/conventions attesting voluntary work of at least 5 months full-time

Certificates attesting completion of a traineeship of at least 5 months full-time - paid or unpaid (except for traineeships carried out in the framework of your studies)

Nature and tasks description	Name and address of employer	From (day, month, year)	To (day, month, year)	Length (day, month, year)
	/...../...../...../...../...../.....
	/...../...../...../...../...../.....
	/...../...../...../...../...../.....
	/...../...../...../...../...../.....

	/...../...../...../...../...../.....
	/...../...../...../...../...../.....
	/...../...../...../...../...../.....
	/...../...../...../...../...../.....
	/...../...../...../...../...../.....

TOTAL professional experience:

...../...../.....
 (yy / mm / dd)

10. Your choice of languages

Language chosen for written tests 1 and 2:	English	French	German	Spanish
Language chosen for written test 3:	English	French	German	Spanish

11. Have you ever been found guilty of any offence by a court or tribunal? If so, give details:

.....
.....

DECLARATION

1. I, the undersigned, do solemnly declare that the information contained in this form is correct and complete.
2. I further do solemnly declare that:
 - a) I am a European citizen and enjoy my full rights as a citizen;
 - b) I have fulfilled any obligations imposed on me by the laws concerning military service;
 - c) I meet the character requirements for the duties involved.
3. I am aware that the following supporting documents (photocopies) will be requested of me and are indispensable if my application is to be accepted:
 - a) document proving citizenship (passport or identity card);
 - b) diploma(s) or certificate of study certifying the level required for admission to the competition;
 - c) Certificate(s) from employer, or employment contract(s) and the final salary slip(s).
4. I undertake to produce on request supporting documents in respect of point III B, points 1, 2 and 3, and I understand that any misstatement or omission, even if unintentional, may lead to the rejection of my application.
5. I agree to undergo the compulsory medical examination to ensure that I am physically fit to perform the duties involved.

Date and signature:

Number of enclosures:

DO NOT FORGET TO SIGN!

Please note that the S&D Group will process your data in accordance with the Regulation (EC) N°45/2001 on the protection of individuals with regards to the processing of personal data by the Community institutions and bodies. You have the right to access or rectify data.