

## APPLICATION FORM FOR EMPLOYMENT AS A MEMBER OF THE CONTRACT STAFF - FUNCTION GROUPS I, II, III, IV

Please complete this form in block capitals

1. Surname : \_\_\_\_\_ Usual forename : \_\_\_\_\_ Other forenames : \_\_\_\_\_ Maiden name, where applicable : \_\_\_\_\_  
 \_\_\_\_\_

2. Address for correspondence : \_\_\_\_\_ Telephone number at home : \_\_\_\_\_  
 \_\_\_\_\_ Telephone number at work : \_\_\_\_\_  
 \_\_\_\_\_ Other contact number : \_\_\_\_\_

3. Permanent address (if different from point 2) : \_\_\_\_\_  
 \_\_\_\_\_

4. Country and place of birth : \_\_\_\_\_ Date of birth : \_\_\_\_\_ Nationality at birth : \_\_\_\_\_  
 \_\_\_\_\_

5. Present nationality (if dual, indicate both) : \_\_\_\_\_  
 \_\_\_\_\_

6. Sex (put a cross in the appropriate box) : \_\_\_\_\_ Marital status (put a cross in the appropriate box) : \_\_\_\_\_  
 MALE FEMALE SINGLE MARRIED WIDOWED DIVORCED SEPARATED

7. Are you (or your husband/wife) receiving any dependant child allowance ? YES  NO

8. If you have any dependants, please provide the following details :

Name	Age	Relationship	Name	Age	Relationship

9. Military service : NO  YES  If yes, from : \_\_\_\_\_ to : \_\_\_\_\_





14. Previous employment : please indicate, starting with your present post, the posts you have held in reverse chronological order. Use one box for each post, mentioning the possible significant interruptions of contract (for instance several periods of work for the same interim agency separated by interruptions of at least one week). Add additional sheets if necessary.

1. Present or most recent employment

Starting date			Ending date		
Year	Month	Day	Year	Month	Day

(Percentage)	
Part time	Full time

Duties : \_\_\_\_\_

Period of notice required : \_\_\_\_\_

Name and address of employer : \_\_\_\_\_

Reasons for leaving or wanting to leave : \_\_\_\_\_

Nature of work : \_\_\_\_\_

2.

Starting date			Ending date		
Year	Month	Day	Year	Month	Day

Part-time/Full Time

Duties : \_\_\_\_\_

Name and address of employer : \_\_\_\_\_

Nature of work : \_\_\_\_\_

3.

Starting date			Ending date		
Year	Month	Day	Year	Month	Day

Part time/Full time

Duties : \_\_\_\_\_

Name and address of employer : \_\_\_\_\_

Nature of work : \_\_\_\_\_

4.

Starting date			Ending date		
Year	Month	Day	Year	Month	Day

Part time/Full time

Duties : \_\_\_\_\_

Name and address of employer : \_\_\_\_\_

Nature of work : \_\_\_\_\_

3.

Starting date			Ending date		
Year	Month	Day	Year	Month	Day

Part time/Full time

Duties : \_\_\_\_\_

Name and address of employer : \_\_\_\_\_

Nature of work : \_\_\_\_\_

15. Language skills

	Mother tongue	Reading			Writing			Speaking		
		very good	good	fair	very good	good	fair	very good	good	fair
German (DE)										
English (EN)										
Danish (DA)										
Spanish (ES)										
Finnish (FI)										
French (FR)										
Greek (GR)										
Italian (IT)										
Dutch (NL)										
Portuguese (PT)										
Swedish (SV)										
Other languages										

16. Typing and shorthand skills

	DE	EN	DA	ES	FI	FR	GR	IT	NL	PT	SV
typing											
shorthand											

17. Information technology and office skills

Word processing : \_\_\_\_\_

Spreadsheets : \_\_\_\_\_

Other : \_\_\_\_\_

18. Foreign travels (visited countries, periods, reasons)

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, declare on my word of honour that the information provide above is, to my knowledge, true and complete.

I further declare on my word of honour that :

- 1) I enjoy my full civic rights, and
- 2) I am free from any military obligations.

I undertake to submit, as soon as requested, documents concerning marital status or other documents supporting the above statements. I am aware that any false statement or omission, even unintentional, may invalidate my application.

\_\_\_\_\_

date

\_\_\_\_\_

signature