Please fill in the information below electronically, as directed. Delete any

unused rows / parts of the application or add more space if required. **All**

**sections are mandatory unless indicated otherwise and must be completed.**



**ECDC Application**

|  |  |  |
| --- | --- | --- |
| **VACANCY TITLE** | Click here to enter text. | |
| **VACANCY REFERENCE** | Click here to enter text. | |
| Where did you see this position advertised? | Click here to enter text. | If 'other' please specify here: |

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Family name(s): | Click here to enter text. |
| First name(s): | Click here to enter text. |
| Date of birth: | Click here to enter text. |
| Gender: | Click here to enter text. |
| Nationality/ies: | Click here to enter text. |

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| Home address including city, country and postal code: | Click here to enter text. |
| Mobile tel (incl. country code): | Click here to enter text. |
| Alternative phone (optional): | Click here to enter text. |
| Email address: | Click here to enter text. |

**EDUCATION (starting with most recent)** – add/delete rows as required

|  |  |  |  |
| --- | --- | --- | --- |
| From (DD/MM/YY) | To (DD/MM/YY) | Title of Qualification Awarded | Name and address of education establishment |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

CERTIFIED TRAINING(optional – add/delete rows as required)

|  |  |  |  |
| --- | --- | --- | --- |
| From (DD/MM/YY) | To (DD/MM/YY) | Title of Qualification Awarded | Name and address of training establishment |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**WORK EXPERIENCE (starting with current or most recent employer)**

|  |  |  |
| --- | --- | --- |
| From (DD/MM/YY) | To (DD/MM/YY) | Position Held / Job title |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Name and address of employer: Click here to enter text. | | |
| Full-time or part-time**:** Click here to enter text. | | Percentage of time worked (i.e. 100% / 50%): Click here to enter text. |
| Description of main tasks / duties / responsibilities:  Click here to enter text. | | |
| Notice Period: Click here to enter text. | | |
| For administrative purposes, if you are currently working for another EU agency, please specify the following.  Function group/ grade: Length and end date of contract: | | |
| Reason for leaving (optional): Click here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| From (DD/MM/YY) | To (DD/MM/YY) | Position Held / Job title |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Name and address of employer: Click here to enter text. | | |
| Full-time or part-time**:** Click here to enter text. | | Percentage of time worked (i.e. 100% / 50%): Click here to enter text. |
| Description of main tasks / duties / responsibilities:  Click here to enter text. | | |
| Reason for leaving (optional): Click here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| From (DD/MM/YY) | To (DD/MM/YY) | Position Held / Job title |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Name and address of employer: Click here to enter text. | | |
| Full-time or part-time**:** Click here to enter text. | | Percentage of time worked (i.e. 100% / 50%): Click here to enter text. |
| Description of main tasks / duties / responsibilities:  Click here to enter text. | | |
| Reason for leaving (optional): Click here to enter text. | | |

(add additional employers here if required - copy and paste from the above table template - otherwise delete any unused sections)

**LANGUAGE SKILLS**

|  |  |
| --- | --- |
| Mother tongue(s): | Click here to enter text. |

Other language(s) - add/delete rows as required:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Understanding** | | **Speaking** | | **Writing** |
| Listening | Reading | Interaction | Production |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

\* Levels: A1/2 = Basic user, B1/2 = Independent user, C1/2 = Proficient user – according to the CEFR

For a detailed description of the CEFR levels please use the following link: [Common European Framework of Reference for Languages](http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr)

COMPUTERSKILLS - add/delete rows as required:

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

ADDITIONAL INFORMATION (optional – delete page if not required)

Please enter any additional information you wish here; for example a list of publications, additional projects, volunteer work, professional networks, awards, etc.

If not required please delete this page.

**LETTER OF MOTIVATION (required)**

**ELIGIBILITY AND DECLARATION OF HONOUR**

Please provide an explanation (maximum 1 page) of why you are applying for this post. Include an account of your experience, expertise, knowledge and skills that you feel are relevant to the requirements listed in the vacancy notice.

**Please indicate either Yes or No below**; failing to answer ALL QUESTIONS will render your application invalid.

**IMPORTANT**

**Your application will only be considered if submitted electronically, in full, prior to the application deadline stated in the Vacancy Notice.**

|  |  |  |
| --- | --- | --- |
| (1) | I have the level of education required for the post (for vacancies where there is no educational requirement stated, please select ‘yes’) : | Click here to enter text. |
| (2) | I have the level of professional experience required for the post (following the award of any required level of education): | Click here to enter text. |
| (3) | I have a thorough knowledge of at least two official languages of the European Union: | Click here to enter text. |
| (4) | I am a national of a Member State of the European Union - or Iceland, Liechtenstein, or Norway: | Click here to enter text. |
| (5) | I am entitled to my full rights as a citizen: | Click here to enter text. |
| (6) | I have fulfilled all obligations regarding military service applicable to me by law (if this is not a requirement by law in your home country please indicate yes): | Click here to enter text. |
| (7) | I meet the character requirements for the duties listed in the vacancy notice: | Click here to enter text. |
| (8) | I am physically fit to perform the duties linked to the post: | Click here to enter text. |

By submitting this application I, the undersigned, declare that the information provided above is true and correct.

I further declare that:

I will undertake to submit documents in support of the above statements and declarations if requested to do so.

I understand that any false statement or omission in the ECDC application, even if unintended on my part, may lead to the termination of my application or appointment.

I have read and accept the conditions set out in the Vacancy Notice, guidelines and any other documents relevant to this selection which have been published on the ECDC website.

I am willing to provide details of references should I be required to do so.

I am willing to undergo a medical examination prior to my engagement, if selected for the vacancy.

TYPE NAME AND DATE HERE AS SIGNATURE