

## APPLICATION FORM

### Call for Applications for Frontex “Standing Corps” Category 3 Reg. (EU) 1896/2019 artt.56, 57

Category 3

**Instructions:** All the required fields shall be filled in electronically in English.

#### PERSONAL DATA<sup>1</sup>:

<b>Name(s):</b>		<b>First name(s):</b>	
<b>Gender:</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>Date of birth:</b>	
<b>Nationality:</b>		<b>Tel. number:</b>	
<b>Email:</b>			
<b>Skype ID:</b>			

#### PROFILE(S) YOU APPLY FOR:

*Please select all profiles you are interested in:*

Your interest	Profiles you can apply for	Preferred tasks of activity
<input type="checkbox"/>	Border Guard Officer	<input type="checkbox"/> Border Check (First Line, gate and second line checks) - English CEFR B1 <input type="checkbox"/> Border Surveillance - English CEFR B1 <input type="checkbox"/> Interviewing /Screening (basic) - English CEFR B1 <input type="checkbox"/> Registration and Fingerprinting - English CEFR B1 <input type="checkbox"/> Cross Border Crime Detection (basic) - English CEFR B1 <input type="checkbox"/> Forgery Detections (basic) - English CEFR B1 <input type="checkbox"/> Motor Vehicle Crime Detection (basic) - English CEFR B1 <input type="checkbox"/> Return Support (basic) - English CEFR B1
<input type="checkbox"/>	Information officer	<input type="checkbox"/> Supporting Information collection relevant for situation monitoring and risk analysis - English CEFR B2 <input type="checkbox"/> Supporting the management of EUROSUR - English CEFR B2 <input type="checkbox"/> Supporting the operation and management of Agency's centralized command and control room - English CEFR B2
<input type="checkbox"/>	Debriefing Officer	<input type="checkbox"/> Debriefing - English CEFR B2 <input type="checkbox"/> Interviewing/Screening (advanced) - English CEFR B2
<input type="checkbox"/>	Advanced Level Document Officer	- English CEFR B2
<input type="checkbox"/>	Cross-Border Crime	- English CEFR B2
<input type="checkbox"/>	Motor Vehicle Crime Detection Officer	- English CEFR B1
<input type="checkbox"/>	Frontex Tactical Support Officer	<input type="checkbox"/> Frontex Operational Response Support - English CEFR B2

<sup>1</sup> The personal data provided in the application form cannot be used for any other purposes. The processing of these personal data is in line with the provisions from the Regulation (EU) 2018/1725.

		<input type="checkbox"/> Support for Logistics - English CEFR B2 <input type="checkbox"/> Health Support - English CEFR B2 / C1 <input type="checkbox"/> Field Press Support - English CEFR C1
<input type="checkbox"/>	Forced Return Escort and Support Officer	<input type="checkbox"/> Escorting in forced return operations - English CEFR B1 <input type="checkbox"/> Ground and on board support to voluntary and forced return operations - English CEFR B1
<input type="checkbox"/>	Return Specialist	- English CEFR B2

For information regarding profiles, please use the attached Profiles and skills list:

**RELEVANT PROFESSIONAL EXPERIENCE:**

*Please note: Starting with your present post, list in chronological order your previous employment relevant to profiles you apply for. Describe briefly your main tasks and activities in each of the listed posts. You may copy sections if necessary.*

<b>Employer/Authority/Service</b>			
Position	FROM:	TO:	
Main tasks and activities			
<b>Employer/Authority/Service</b>			
Position	FROM:	TO:	
Main tasks and activities			
<b>Employer/Authority/Service</b>			
Position	FROM:	TO:	
Main tasks and activities			
<b>Employer/Authority/Service</b>			
Position	FROM:	TO:	
Main tasks and activities			

**KNOWLEDGE OF LANGUAGES:**

*Please use the self-assessment grid (click on the link below):*

[http://frontex.europa.eu/assets/About\\_Frontex/levels\\_of\\_language\\_skills.pdf](http://frontex.europa.eu/assets/About_Frontex/levels_of_language_skills.pdf)

Language	Mother tongue	C2	C1	B2	B1	A2	A1

**POSSESSION OF A VALID DRIVING LICENSE:**

Yes       No

*If yes, please specify the category according to your driving licence:*

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**PREVIOUS EXPERIENCE WITH FRONTEX OPERATIONAL ACTIVITIES**

Year, Duration (months)	Activity, Operation	Location	YOUR ROLE e.g. profile; Seconded National Expert (SNE), Seconded Team Member (STM), Team Member (TM) or other (please specify)

**PREVIOUS EXPERIENCE WITH OTHER EU INSTITUTIONS/BODIES AND/OR INTERNATIONAL ORGANIZATIONS ACTIVITIES**

Year, Duration (months)	Activity, Operation	Location	YOUR ROLE

**FRONTEX TRAINING:**

Training Subject	Year, Duration
Pre-deployment online EBCGT training course	
Profile training for Debriefing Experts	
Profile training for Screening Experts	
Profile training for Second line Interview Experts	
Second line Airport Officers Profile Training	
Advanced Level Document Officer Training	
Course for Border Surveillance Officer - Land Operations	
Course for Border Surveillance Officer - Maritime Operations	
Course for Border Surveillance Officer - Dog handlers	
Training for Frontex Support Officers	
Training for European Coast Guard Functions Officers	
Training for Return specialist	
Training for Escort Leaders	
Other Frontex Training (please indicate)	

**OTHER TRAINING RELEVANT TO THE PROFILE:**

<b>Training Subject</b>			
Provided by			
Diplomas/certificates obtained		Year, Duration	
<b>Training Subject</b>			
Provided by			
Diplomas/certificates obtained		Year, Duration	
<b>Training Subject</b>			
Provided by			
Diplomas/certificates obtained		Year, Duration	
<b>Training Subject</b>			
Provided by			
Diplomas/certificates obtained		Year, Duration	

**DECLARATION:**

I, the undersigned, declare that the information provided above is, to the best of my knowledge, true and complete.

I further declare that:

- I undertake to submit, as soon as requested, any documents in support of the above statements and declarations.
- I realise that any false statement or omission, even if unintended on my part, may lead to the cancellation of my application or may render my appointment liable to termination.

Finally, I declare my commitment to act independently in the Agency's interest and I have no interests that might be considered prejudicial to my independence.

Date (DD/MM/YYYY)

Signature (handwritten)

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[PLEASE DO NOT ATTACH SUPPORTING DOCUMENTS AT THIS STAGE]