

REFERENCE NUMBER: <i>(to be introduced by the Agency)</i>	eu-LISA/ _____
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STANDARD APPLICATION FORM

[ALL THE REQUIRED FIELDS SHALL BE FILLED IN ELECTRONICALLY IN ENGLISH]

PERSONAL DATA¹:

Surname:		First name:	
Gender:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
Citizenship:		Date of birth:	
Address :			Telephone number:
E-mail:			

POSITION YOU APPLY FOR:

Position	Category	Please mark your choice
		<input type="checkbox"/>

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The eu-LISA ensures that applicants' personal data are processed in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data (12.1.2001, OJ, L 8). eu-LISA will not return applications to applicants. All applicants may exercise their right of access to and right to rectify personal data. In the case of identification data, applicants can rectify those data at any time during the procedure. In the case of data related to the admissibility criteria, the right of rectification cannot be exercised after the closing date of candidatures' submission. Substantiated requests should be e-mailed to the Human resources and Training Unit at eu-lisa-SNEPOSTING@europa.eu. Applicants may have recourse at any time to eu-LISA's Data Protection Officer dpo@europa.eu or directly to the European Data Protection Supervisor edps@europa.eu.

PROFESSIONAL EXPERIENCE:

Note: Starting with your present post, list in reverse order your previous employment. Copy sections if necessary.

Dates (DD/MM/YYYY)	FROM:		TO:		TOTAL:	
						(years, month)
Name and address of employer						
Workload	Full time <input type="checkbox"/>		Part time <input type="checkbox"/> (.....%)			
Type of business or sector						
Occupation or position held						
Main activities and responsibilities						
Reason for leaving (optional)						

Dates (DD/MM/YYYY)	FROM:		TO:		TOTAL:	
						(years, month)
Name and address of employer						
Workload	Full time <input type="checkbox"/>		Part time <input type="checkbox"/> (.....%)			
Type of business or sector						
Occupation or position held						
Main activities and responsibilities						
Reason for leaving (optional)						

Dates (DD/MM/YYYY)	FROM:		TO:		TOTAL:	
						(years, month)
Name and address of employer						
Workload	Full time <input type="checkbox"/>		Part time <input type="checkbox"/> (.....%)			
Type of business or sector						

Occupation or position held	
Main activities and responsibilities	
Reason for leaving (optional)	

Dates (DD/MM/YYYY)	FROM:		TO:		TOTAL:		(years, month)
Name and address of employer							
Workload	Full time <input type="checkbox"/>		Part time <input type="checkbox"/> (.....%)				
Type of business or sector							
Occupation or position held							
Main activities and responsibilities							
Reason for leaving (optional)							

Dates (DD/MM/YYYY)	FROM:		TO:		TOTAL:		(years, month)
Name and address of employer							
Workload	Full time <input type="checkbox"/>		Part time <input type="checkbox"/> (.....%)				
Type of business or sector							
Occupation or position held							
Main activities and responsibilities							
Reason for leaving (optional)							

EDUCATION AND TRAINING:**[Examples of required diplomas](#)****Note: Copy sections if necessary.**

a. University Education or Equivalent						
Dates (mm/yy)	FROM:		TO:		TOTAL:	(years, month)
Full name and type of institution providing education and training <i>(both in English and original version)</i>						
Principal subjects/occupational skills covered						
Diplomas or certificates obtained <i>(both in English and original version)</i>						
b. Secondary and higher education						
Dates (mm/yy)	FROM:		TO:		TOTAL:	(years, month)
Full name and type of institution providing education and training <i>(both in English and original version)</i>						
Principal subjects/occupational skills covered						
Diplomas or certificates obtained <i>(both in English and original version)</i>						
c. Other education/Training received						
Dates (mm/yy)	FROM:		TO:		TOTAL:	(years, month)
Full name and type of institution providing education and training <i>(both in English and original version)</i>						
Principal subjects/occupational skills covered						
Diplomas or certificates obtained <i>(both in English and original version)</i>						

KNOWLEDGE OF LANGUAGES:

Please use the self-assessment grid here:

Language	Mother tongue	C2	C1	B2	B1	A2	A1

SKILLS AND COMPETENCES:

IT skills	
Organizational skills	
Communication/interpersonal skills	
Other relevant skills	

REFERENCES:

Please give us the name and contact details of at least two most recent professional references (persons, not relatives, preferably your direct superiors) who may be contacted to provide references.

Please note that in order to comply with the rules on personal data protection² the names and contact data shall be provided with consent of a person listed below.

Name			
Telephone number			
E-mail address			
Relationship			

MOTIVATION LETTER:

Note: Please justify your application by giving any additional information.

AVAILABILITY:

Please indicate your availability date:

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 am a national of a member state of the European Union or Schengen associated country.
- I have not been deprived of my civic rights.
- I have complied with the provisions of all military recruitment laws applicable to me.
- 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.
- I am willing to undergo the prescribed medical examination prior to appointment and to provide a sworn affidavit to the effect that I have no criminal record.

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.

1. Have you ever applied for any other post within the Agency? If yes, please indicate for which one.

2. Have you ever been security screened? If yes, could you please indicate when it was and when it will expire?

3. Where did you find the information about the vacant position you are applying for?

(Date)

(Signature - handwritten)

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DO NOT ATTACH ANY OTHER SUPPORTING DOCUMENTS

AT THIS STAGE!

