

THE EUROPEAN ENVIRONMENT AGENCY

APPLICATION FORM

(All questions must be answered. Where appropriate, please put "no". Do not leave blanks or put dashes. To be filled in by typewriter or in block letters using BLACK ink.)

Photo

Please give details of the post for which you wish to be considered (see Vacancy Notice):

Reference Number:

Title of Post:

(Please indicate Reference Number on the envelope and in all future correspondence relating to this application)

1. Surname¹	Forename(s):
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2. Address for correspondence:

Street	No.	Postal code	City
Country	Telephone No.	Fax No. (if any)	

3. Place of birth:	4. Date of birth:		
	Day:	Month:	Year:
5. Nationality (if dual, indicate both):			
6. Sex²:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	

7. Knowledge of languages:

Place the following numbers (1, 2, 3, or 4) in the appropriate box or boxes:

- 1 Mother tongue
- 2 High level
- 3 Good working knowledge
- 4 Minimal

English	German	Danish	Spanish	French	Greek	Italian	Dutch	Portuguese	Swedish	Finnish	Norwegian	Icelandic	Other (please specify)

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

² The EEA is an equal opportunities employer

8. Education:**A. Primary, secondary, advanced secondary or technical education, no university level**

Certificates or diplomas obtained	Years of study		Main subjects studied	Name and address of establishment
	from	to		

B. Higher education (university or equivalent)

Certificates or diplomas obtained	Years of study		Main subjects studied	Name and address of establishment
	from	to		

C. Post-graduate education

Certificates or diplomas obtained	Years of study		Main subjects studied	Name and address of establishment
	from	to		

D. Further training or specialised courses and seminars relating to your professional activity (Enclose certificates where applicable.)

Type of course/seminar (subject)	Duration of course (years/months)		Institute
	from	to	

A photocopy of the diploma or degree most recently obtained and mentioned under A and/or B above must be attached to this application form!

Previous job:			
2. Name and address of employer:	Employed:		Duration
	From: (day, month, year):	To: (day, month, year):	(equivalent to full time months) ³ :
	/ /	/ /	
Nature of work:			
Reasons for leaving:			

Earlier jobs:			
3. Name and address of employer:	Employed:		Duration
	From: (day, month, year):	To: (day, month, year):	(equivalent to full time months) ³
	/ /	/ /	
Nature of work:			
Reasons for leaving:			
4. Name and address of employer:	Employed:		Duration
	From: (day, month, year):	To: (day, month, year):	(equivalent to full time months) ³
	/ /	/ /	
Nature of work:			
Reasons for leaving:			

Continue on additional sheets if necessary!

³ If you are/were employed part time, please calculate the equivalent in full time months.

12. Long periods spent abroad in relation to your professional activities and/or studies:
(please indicate dates, countries visited, purposes of stay)

13. Do you have a physical handicap which might cause practical problems during the tests or interview?

Yes No

(If yes, please provide details on a separate sheet⁴)

14. Cultural and social activities and sports:

15. If you have ever been convicted or found guilty of any offence by any Court, please supply details

16. Please indicate how you heard of the competition:

⁴ The only purpose of this question is to enable the administration to make the necessary arrangements

Important:

The application form can only be considered, if:

- you sent it in no later than the closing date specified (date of postmark serves as proof)
- the application form is filled in legibly, then signed and dated
- you have attached photocopies of examination certificates and of a document giving proof of nationality
- the reference number of the selection chosen is clearly indicated in the form and on the envelope

DECLARATION

I, the undersigned, declare on my word of honour that the information provided above is true and complete.
I declare on my word of honour that:

1. I enjoy my full rights as a citizen
2. I have fulfilled all legal obligations concerning military service

I undertake to submit, as soon as possible after being asked, documents concerning marital status or any other documents in addition to those already attached and listed in the annex.

I realise that any false statement or omission, even if unintentional, may lead to the cancellation of my application.

I am willing to undergo the prescribed medical examination prior to any engagement.

Date

Signature

THE EUROPEAN ENVIRONMENT AGENCY

Name and address to be completed by the applicant

Acknowledgement of Receipt of Application

This acknowledgement does not necessarily mean that you will be called for interview.

You will be notified in writing of the decision on your application. In the meantime, please do not telephone as it will not be possible to provide any further information.

Reference N°:

List of documents and/or diplomas (copies only, please) attached to the Application form:

(To be completed by the applicant)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Stamp/date and signature of the Secretariat of the
Selection Committee

EUROPEAN ENVIRONMENT AGENCY, KONGENS NYTORV 6, DK-1050 COPENHAGEN K, DENMARK