



APPLICATION FORM

Explanatory note

Applications should be sent within the deadline (see Official Journal of the European Union – OJEU 15 April 2009, 2009/C 86 A/01) certified by the post stamp.

Applicants may complete the application form in their own language as well as in any other official EU languages. **However, applicants are kindly requested to fill out the application in English as well.**

In addition, applicants are kindly requested to:

- Use PC/typewriter or block letters;
- Indicate the reference number (2330-471) in all future correspondence relating to this application;
- Send 3 hard copies of their application forms to:

The Chairman of the Europol Management Board
C/o Head of Human Resources
Europol
Raamweg 47
PO Box 90850
NL-2509 LW
The Hague
The Netherlands

Please do not provide any copy of diplomas, certificates, etc. at this stage.

EUROPOL

File No: 2330-471

Applying for the post of **Deputy Director****APPLICATION FORM Part 1**

This form should be signed by the applicant.

1)	Surname:			
	First name(s):			
	Gender:			
2)	Home address:			
	Postal code / City:			
	Country:			
	Tel no.:			
	Mobile:			
	Fax no.:			
	E-mail address:			
3)	Age:			
	Date of birth:			
	Place of birth:			
	Nationality:			
4)	Language skills			
	Mother tongue:			
	Other languages:	* Written	* Spoken	* Understanding

* Fluently / Fair / Basic

5) **Current / Previous employment**

Please indicate, starting with your present job, the jobs you had, in reverse chronological order.

Present or most recent job		
Name, address and telephone number of employer:	Period of employment:	
	From: (day, month, year)	To: (day, month, year)
	/ /	/ /
Employer activities:		
Exact designation of post / rank:		
Place of work:		
Nature of work/description of responsibilities and duties:		
May reference be made to your present employer?	Yes	No
Period of notice required to leave your present post:		

Previous job		
Name and address of employer:	Employed	
	From: (day, month, year)	To: (day, month, year)
	/ /	/ /
Employer activities:		
Exact designation of post / rank:		
Nature of work:		
Reasons for leaving:		

Previous job	
Name and address of employer:	Employed
	From: (day, month, year)
	To: (day, month, year)
	/ / / /
Employer activities:	
Exact designation of post / rank:	
Nature of work:	
Reasons for leaving:	

6) Education (Indicate schools, colleges, universities, or other relevant institutions attended)

From:	To:	Full or part time:	Name of school / college / university / institution:	Certificates, degrees, qualifications obtained (Give subjects passed and degrees obtained):

7) Courses attended and / or relevant attachments

From:	To:	Title of Course:	Where held:

8) Commendations, Awards.etc.

Date:	Description:

9) Periods of serious illness during last 5 years

From:	To:	Illness or injury (Indicate if injured on duty):

10) **Are you related to a Europol staff member?**

Yes !	Name and function of employee:
No !	

APPLICATION FORM Part 2⁶

Evaluation of your present position

What do you consider to be the advantages of your present position?
(the organization, your position, ...)

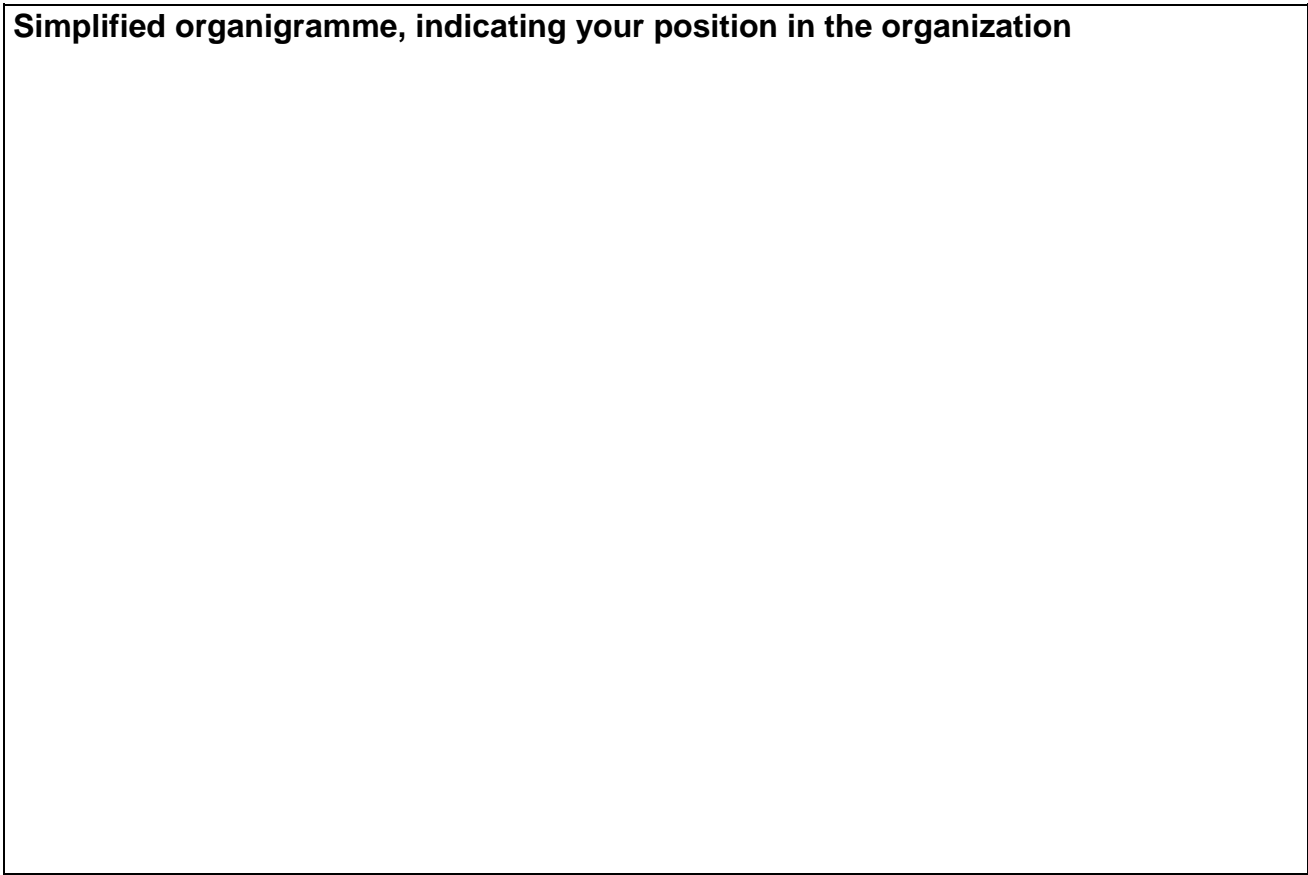
What do you consider to be the disadvantages of your present position?

What do you consider your most important professional achievements?

Which position would you prefer to have if you had the choice?
Why?

Visual presentation of actual position in the organization:

Simplified organigramme, indicating your position in the organization



Your career

Which are, in your opinion, the three most important professional achievements in your career? Why?

1 :

2 :

3:

Which factors have had the greatest influence on your career?

Which occupation would you choose, or would you have chosen, if all the possibilities were (or had been) available to you? Why?

List any professional societies and activities in civic, public or international affairs

For what reasons would you change your employment or your employer?

The position you are applying for

Which aspects of the announcement motivated you to apply?

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APPLICATION FORM Part 3

Read and sign this declaration

In case I am successful in the selection procedure I agree that the information provided in this application form can be used for security screening as foreseen by Article 31 of the Europol Convention.

I declare that the information I have given in this application form is to the best of my knowledge and belief true and complete. I understand that, if it is subsequently discovered that any statement is false or misleading, or I have withheld relevant information, my application (or appointment) may be disqualified, according to the rules laid down in the Staff Regulations.

Signature of Applicant

Date
