



## Important information

Please be advised that

- the application form should be completed in English, by using a computer;
- the full reference number and the title of the post should be quoted at the top of the application form and in all correspondence relating to your candidacy;
- the application form needs to be duly signed;
- 1 original and 3 copies of the application form including 4 sets of supporting documents need to be submitted to Europol by post and received by Europol before or on the date of the deadline the latest;
- your documents should not be stapled
- we cannot accept applications submitted electronically.

**Please consult the Europol Recruitment Guidelines on [www.europol.europa.eu](http://www.europol.europa.eu) for further guidance on filling in the application form.**



# APPLICATION FORM

## Section A

Applying for the post of:

Ref No: 233 -

### 1) Personal data/Correspondence details

<b>Surname</b>	
<b>First name(s):</b>	
<b>Gender:</b>	
<b>Age:</b>	
<b>Date of birth:</b>	
<b>Nationality(-ies)*</b>	

<b>Home address:</b> <i>(street, house number, postal code, city, country)</i>
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<b>Correspondence address (if different from home address):</b> <i>(street, house number, postal code, city, country)</i>
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<b>Tel no.:</b>	
<b>Mobile:</b>	
<b>E-mail address:</b>	

### 2) Language skills (relevant field to be marked with "X")

Language	Native	Fluent	Good	Basic
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Please attach the copy of the relevant page of your passport or ID  
EDOC -#312244 Europol Application Form 2008





Power Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8) Periods of serious illness during last 5 years**

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

**9) Did you apply before to a Europol post? Yes  No**

**If yes when and for which post(s) and on what stage did the selection finish?**

**10) Are any members of your family working at Europol? Yes  No**

If yes:	Name:	Relationship:	Function:

**11) Please describe how your skills and competencies are related to the position you are applying for.**

**12) Reasons for applying for this post including any matters that you wish to be taken into consideration and which are not included elsewhere.**

**13) Please indicate how you heard of the competition.**

<b>1. Internet (please specify the web-site)</b>	<input type="checkbox"/>
<b>2. Word of mouth</b>	<input type="checkbox"/>
<b>3. Europol National Unit</b>	<input type="checkbox"/>
<b>4. Other (please specify)</b>	<input type="checkbox"/>

**List of documents and/or diploma's (copies only) attached to the application form:**

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

**Declaration**

**I, the undersigned, declare that the information provided above is, to the best of my knowledge, 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. I will inform Europol Human Resources of any changes in the details provided on the application form.**

**In case of applying for a Europol Staff post I declare that:**

- 1. I am a national of a Member State of the European Union.**
- 2. I understand and accept that Europol requires the highest level of personal integrity from all its officers and staff.**
- 3. I will submit any documents which may support information included in the application form as soon as requested.**
- 4. 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. Failure to obtain a requisite security clearance certificate before the expiration of the probationary period will cause termination of the contract.**
- 5. I am willing to undergo a medical examination during the probationary period. Failure to obtain a positive result of the medical examination before the expiration of the probationary period will cause termination of the contract.**
- 6. I fulfilled any obligations imposed on me by the laws concerning military service.**

**Signature of applicant**

\_\_\_\_\_

**Date**

\_\_\_\_\_

In case of applying for a LOCAL STAFF post I declare that:

- 1. I have a valid working permit for The Netherlands (if applicable).
- 2. I understand and accept that Europol requires the highest level of personal integrity from all its officers and staff.
- 3. I will submit any documents which may support information included in the application form as soon as requested.
- 4. 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. Failure to obtain a requisite security clearance certificate before the expiration of the probationary period will cause termination of the contract.

Signature of applicant

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Date

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## Confirmation Europol National Unit

**(To be completed by the representative of the Europol National Unit)**

Hereby I certify that the application of

\_\_\_\_\_ Mr. / Ms. \_\_\_\_\_  
Title

member of \_\_\_\_\_  
Competent Authority (Article 2.4 of the Europol Convention)

for the post of \_\_\_\_\_

was submitted via the Europol National Unit.

**Head of the Europol National Unit or other representative:**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_