



Application Form for the Specialist Chambers and Specialist Prosecutor's Office

Call for Contributions 2-2021

(for candidates from the Third Contributing States ONLY)

Annex 2

INSTRUCTIONS:

Seconded Candidates: Candidates who wish to be considered as seconded should submit their application forms to their respective National Authorities for their approval. Only applications submitted by the authorized National Authorities will be considered as seconded. National Authorities nominating candidates are kindly requested to send the respective application forms to the following email only, and not any other addresses: schr@ccas.europa.eu.

Contracted Candidates: Candidates who wish to apply as contracted should submit their application forms directly to the following email only, and not any other addresses: applications@scp-ks.org.

1. NOMINATION DETAILS (indicate positions and status regime applied for)

Post N°/title (specify the vacancy reference, compulsory)	Applicable status regime
First priority:	Seconded status: <input type="checkbox"/>
Second priority:	
Third priority:	
Do you have any objections to us providing feedback to your National Authorities in case of non-selection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contracted status: <input type="checkbox"/> Would you accept a contract of employment for less than six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No If selected under contracted status, do you allow the country of your nationality to be informed of your selection notably in order to facilitate the issuance of security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to serve in the Specialist Chambers and Specialist Prosecutor's Office in a position other than those specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate here if you are a member of the European Gendarmerie Force (EGF) <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. PERSONAL DATA

Last name		First name	
Birth date	(dd/mm/yyyy)	Country of birth	
Passport N°		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Present nationality		Other nationality	
Police Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current rank	
Military Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current rank	

Civilian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Profession	
Security clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what level	
Driving licence	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, category	
Do you work in a CSDP Mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify	
Did you previously work in a CSDP Mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify	

DEPENDANTS

Relative's Name	Relationship	Date of Birth (dd/mm/yyyy)	City/Country of Birth	City/Country of Residence

RELATIVES EMPLOYED IN THE SPECIALIST CHAMBERS AND SPECIALIST PROSECUTOR'S OFFICE/EU/INTERNATIONAL ORGANISATIONS

Relative's Name	Relationship	Organisation

3. CONTACT DETAILS

Home country address		
Street		Zip/postal code
Town/city	County/state/province	Country
Telephone N°	Mobile N°	
Skype address	E-mail address	

Alternative/current contact details			
Street			Zip/postal code
Town/city	County/state/province		Country
Telephone N°	Mobile N°	E-mail address	

4. EDUCATION AND PROFESSIONAL TRAINING

University education or equivalent			Attended (dd/mm/yyyy)	
Name institution/university, place and country	Degrees/qualifications obtained (Title of qualification awarded)	Main course/field of study	From:	To:

Secondary education and/or formal vocational education/training				
Name institution/place and country	Degrees/qualifications obtained (Title of qualification awarded)	Main course/field of study	From:	To:

Civilian crisis management courses				
Name institution	Place and country	Course title	From:	To:

Hostile Environment Security Training or e-Hest				
Name institution	Place and country	Course title	From:	To:

5. EMPLOYMENT RECORD (in reverse chronological order)

Current/most recent position			Current position: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	
			From:	To:
Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised).				
Supervisor's name:		E-mail:	Phone N°:	

Previous position (1) (only positions longer than 6 months)				
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	
			From:	To:
Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised).				
Supervisor's name:		E-mail:		Phone N°:
Previous position (2) (only positions longer than 6 months)				
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	
			From:	To:
Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised).				
Supervisor's name:		E-mail:		Phone N°:
Previous position (3) (only positions longer than 6 months)				
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	
			From:	To:
Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised)				
Supervisor's name:		E-mail:		Phone N°:
Previous position (4) (only positions longer than 6 months)				
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	
			From:	To:
Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised)				
Supervisor's name:		E-mail:		Phone N°:

Other previous positions and positions shorter than 6 months				
Organisation	Place and country	Job title	Date (dd/mm/yyyy)	
			From:	To:

ADDITIONAL RELEVANT EXPERIENCE/INFORMATION

Do you have or have you ever had any personal, financial, professional connection or any other affiliations with Kosovo or neighbouring countries?

Please indicate whether you have ever resided, been educated, had military and/or police service in those areas. If yes, please give full details.

6. OTHER SKILLS

Languages (European level *)		Native language:		
Other languages	Speak	Write	Read	Understand

C1, C2 = Proficient; B1, B2 = Independent User; A1, A2 = Basic User
 (*) [Common European Framework of References for Languages](#)

Computer skills					
Word processor		Web browsing		Presentations	
Spreadsheets		Financial software		Project management	

C = Proficient User; B = Independent User; A = Basic User; N/A

7. MOTIVATION AND ADDITIONAL INFORMATION

Please explain the reasons for your application, covering your profile and particular interest in this/these position(s). Add any other information that might be relevant to your application, including skills, knowledge and experience.

8. FINAL QUESTIONS

Please read and answer carefully all questions in the space provided. In case needed, please add a separate sheet.	
<p>a) Do you have any objections to our making enquires with your current and/or former employer(s), including current or former supervisors, and/or with other persons appropriate for that purpose who you have referred to in the Application Form?</p> <p>If yes, please provide details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b) Do you have any chronic health problems, disabilities or other medical conditions for which you require any special arrangements in relation to working in the office or for work related travel?</p> <p>If yes, please provide details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c) Is a partner or any relative of yours, to the best of your knowledge, applying to this Call for Contributions?</p> <p>If yes, please provide the name of the relative applicant and the title(s) of the position(s).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d) Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, sentenced or imprisoned for violations of any law (excluding minor traffic violations)?</p> <p>If yes, please provide full details of each case.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e) Do you have now or have you had contact with any member of any Government Security or Intelligence Service in the last three years, including any contact in the course of your employment?</p> <p>If yes, please provide details of each case.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f) Have you ever been refused a Security Clearance from any government or security clearance agency?</p> <p>If yes, please provide full details, also indicating for which positions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>g) Do you have any other affiliation relevant to the position(s) you are applying for at the Specialist Chambers and Specialist Prosecutor's Office?</p> <p>If yes, please provide full details</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Declaration of Honour and Understanding</p> <p>By ticking the box "Yes" below and submitting this Application Form:</p> <p>I understand and accept that the Specialist Chambers and Specialist Prosecutor's Office requires the highest level of personal and professional integrity from all its staff.</p> <p>I hereby certify that the statements made by me in this Application Form are true, complete and correct to the best of my knowledge and belief. I understand and accept that any misrepresentation or material omission made on the Application Form may result in the application being void and withdrawal of any Offer of Employment or</p>	

termination of any Contract of Employment.

I agree that the information provided in my Application Form may be used in the screening process that forms an integral part of the selection procedure, during which the Specialist Chambers and Specialist Prosecutor's Office may contact me for clarifications.

I am aware that the Specialist Chambers and Specialist Prosecutor's Office has the right to terminate my employment, if the National Security Agency of my country of citizenship and/or residence issues a negative Personnel Security Clearance at the requested appropriate level after the signature of my Contract of Employment.

Yes

Place	Date	Signature <i>(typed name is sufficient)</i> <input type="text"/>
-------	------	---

If selected under a contracted status, you will be requested to supply documentary evidence which supports the statements you made above. Do not, however, send any documentary evidence until you have been asked to do so.

**Please submit the completed form in MS Word format with the title
"SURNAME, Firstname.docx".**