

Addendum to the online Application Form for the Specialist Chambers and Specialist Prosecutor's Office

Annex 3

PERSONAL DATA						
Last name						
Birth date (dd/mm/yyyy)		Gend	er	Male □ Female □		
DEPENDANTS		•				
Relative's Name Relationshin		Date of (dd/mm/		City/Country of Birth	City/Country of Residence	
RELATIVES EMPLO' PROSECUTOR'S OFFI					ND SPECIALIS'	
Relative's Name	Relationship		Organisation			
ADDITIONAL RELEV	ANT EXPERIEN	CE/INFO	ORMA	TION		
Do you have or have you ever Kosovo or neighboring countr		nancial, prof	essiona	l connection or any o	ther affiliations with	
Please indicate whether you ha yes, please give full details.	we ever resided, been	educated, ha	ad milita	ary and/or police serv	vice in those areas. If	



FINAL QUESTIONS

Please read and answer carefully all questions in the space provided.						
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? If yes, please provide details.	☐ Yes	□ No				
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?	☐ Yes	□ No				
If yes, please provide details.						
c) Is a partner or any relative of yours, to the best of your knowledge, applying to this Call for Contributions?	☐ Yes	□ No				
If yes, please provide the name of the relative applicant and the title(s) of the position(s).						
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)?		□ No				
If yes, please provide full details of each case.						
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?	☐ Yes	□ No				
If yes, please provide details of each case.						
f) Have you ever been refused a Security Clearance from any government or security clearance agency?	☐ Yes	□ No				
If yes, please provide full details, also indicating for which positions.						
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? If yes, please provide full details.	☐ Yes	□ No				
Declaration of Honour and Understanding						
By ticking the box "Yes" below and submitting this Application Form:						
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.						
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 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.

Personnel Security Clearance at t Employment.	he requested appropr	riate level after	the signature	of my	Contract	of
□ Yes						
Place	Date	Signature (typed	l name is sufficient))		