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| LOGO_BLACKEuropean Union |

INTERNSHIP APPLICATION FORM

**EU Special Representative in Kosovo support team**

**Instructions**: Please fill the application electronically and answer each question clearly and completely.

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|  | **Specify the vacancy reference (compulsory):** | | | | | | |
| **A – PERSONAL DATA** | | | | | | | |
| Family Name | | | First Name | | | Passport/ID number | |
| Date of Birth  (DD/MM/YYYY) | | Place of Birth | | Country of Birth | | | Gender |
| Present nationality | | Do you have multiple nationalities? Yes □ No □ | | | Other nationality | | |
| Marital Status:  Single □ Married □ Others □ | | | | | | | |

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| Do you have any dependants? Yes □ No □ | | |
| **Name** | **Age** | **Relationship** |
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| Are any of your family members or relatives employed by EUSR in Kosovo, EU Office in Kosovo, EU Institutions, CSDP Missions or other EUSRs?  Yes No  If yes, please provide their names, relationship types (e.g. spouse, brother, etc) and the names of the names of the organizations in which they are working. | | |
| Name | Relationship | Name of the Organization |
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**Mailing Address** (or where you may be reached)

|  |  |  |
| --- | --- | --- |
| Street | | Zip/Postal Code |
| Town/City | County/State/Province | Country |
| Telephone No/GSM No. | Fax No. | Email Address |

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| Do you posses a valid driving licence?  If Yes □ , what category \_\_\_\_\_ No □ |

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| **B –EDUCATION AND PROFESSIONAL TRAINING** |

**University Education or Equivalent**

Give full details in chronological order starting from the most recent degree/diploma achieved. Include courses and post-graduate studies if applicable.

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| --- | --- | --- | --- | --- | --- |
| Name Institution / University, place and country | Degrees /Qualifications obtained  (Title of qualification awarded) | Number of semesters mandatory to obtain the degree | Main Course / Field of Study | Attended (mm/yy) | |
| From: | To: |
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Schools or other formal vocational training

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| --- | --- | --- | --- | --- |
| Name Institution / University, place and country | Degrees/Qualifications Obtained  (Title of qualification awarded) | Main Course/Field of Study | Attended (mm/yy) | |
| From: | To: |
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**C. Fields of Expertise** (Please indicate duration of professional experience/ internship/training for each field of expertise):

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| --- | --- | --- | --- |
| Fields of Expertise | Duration | Fields of Expertise | Duration |
| International Relations |  | Operations |  |
| Political Affairs |  | Internal Control |  |
| Military Affairs |  | Investigations |  |
| Law and Human Rights |  | Intelligence and Information |  |
| Press and Public Relations |  | Human Resources |  |
| Management |  | Training |  |
| Administration & Support |  | Supply, Logistics & Transportation |  |
| Finance and Accounting |  | Communications |  |
| Programme Development |  | Information Systems |  |
| Research and Analysis |  | Immigration |  |
| Procurement |  | Border Service |  |
| Public Administration |  | Civil Protection |  |
| Monitoring |  | Prison Services |  |
| Humanitarian Affairs |  | Economic |  |
| Other |  |  |  |
| Additional information: | | | |
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| **D – EMPLOYMENT/INTERNSHIP/TRAINING RECORD** | | | | |

Starting with your current position, list in reverse chronological order relevant professional positions/Internship/trainings held. Use a separate block for each position.

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| --- | --- | --- | --- | --- |
| Organisation, place and country | Position Held | Category/Rank | Date (dd/mm/yy) | |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: | | | | |
| Name of employer:  Address of Employer:  Tel/E-mail: | Type of Business: | | | |
| Name of Supervisor: | | | |
| Reason for leaving: | | | |

**Previous relevant positions (1)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation, place and country | Position Held | Category/Rank | Date (mm/yy) | |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: | | | | |
| Name of employer:  Address of Employer:  Tel/E-mail: | Type of Business: | | | |
| Name of Supervisor: | | | |
| Reason for leaving: | | | |

**Previous relevant positions (2)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation, place and country | Position Held | Category/Rank | Date (mm/yy) | |
| From | To |
|  |  |  |  |  |
| Description of your duties and responsibilities: | | | | |
| Name of employer:  Address of Employer:  Tel/E-mail: | Type of Business: | | | |
| Name of Supervisor: | | | |
| Reason for leaving: | | | |

**Other previous employment/internships/trainings**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation, place and country | Position Held | Category/Rank | Date (mm/yy) | |
| From | To |
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| **E – FURTHER SKILLS** |

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| **Native Language** |  | | | |
|  | Level of proficiency | | | |
| Other languages | Speak | Write | Read | Understand |
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**A** = Professional Fluency; **B** = Working Knowledge; **C** = Limited Knowledge

**Computer Skills** (Ability to operate the following applications)

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| --- | --- | --- | --- |
|  | Level of proficiency |  | Level of proficiency |
| Word Processing |  | Web Browser/Email |  |
| Spreadsheet |  | Database |  |
| Microsoft Outlook Express |  | Briefing/Presentations |  |
| Finance Software |  | Project management Software |  |

**A**= Excellent; **B** = Very Good; **C** = Average

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| **F – ADDITIONAL INFORMATION** |

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| List your current membership(s) in professional associations/societies and your activities in civic, public or international organisations or affairs |

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| List trades/professions in which you are currently licensed |

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| List any significant publications you have written (Do not attach) |

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| Explain briefly why you wish to join the EUSR: |
| If you are selected, do you have any objection to your personnel data being made available for operational/administrative purposes for the duration of the EUSR? : YES NO |

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| --- | --- | --- |
|  | **YES** | **NO** |
| Do you have any objections to our making enquires of your present/past employer? |  |  |
| Are you in excellent physical condition with no chronic health problems that limit your physical activity? |  |  |
| Are you free from any disease or health condition that may prevent you from carrying out your field assignment or may pose a threat to the health of others? |  |  |
| Are you free of any disabilities, which may limit your undertaking field work? |  |  |

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| Have you ever been convicted or sentenced in a criminal proceeding (excluding minor traffic violations). If “yes”, please submit full details of each case in an attached statement. |

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| By submitting this application form, I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the Internship Application Form will result in the application being void and will result in termination or dismissal: | | |
| Signature | Place | Date |
|  |  |  |