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|  | CONFIDENTIALApplication form All questions must be answered. Where appropriate, please put “no”. Do not leave blanks or put dashes. To be filled out preferably electronically. |

Please indicate the Reference Number of this recruitment, the traineeship profile and your surname in the subject of your E-mail and in all future correspondence relating to this application.

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| **EUOSHA/TR/18/01 – Traineeships**  Select a traineeship profile: Choose an item. |
|  |

1. PERSONAL DETAILS:

|  |  |  |
| --- | --- | --- |
| Surname[[1]](#footnote-1) | Forename | Date of birth |
| Address for correspondence: | | |
| Street | | Number |
| Postal code | City | Country |
| Place of birth | Nationality | Gender[[2]](#footnote-2) |
| Telephone (day) | Telephone (evening) | Fax |
| Email address for correspondence: | | |
| Please indicate how you heard of the selection process: | | |
| Please indicate if you applied for a post in this Agency before: | | |

2. EDUCATION:

Please refer to the following link to check the diplomas corresponding to those required below: <http://europa.eu/epso/doc/diplomes-fortheweb_en.pdf>

A. Post-graduate education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certificates or diplomas obtained | Years of study | | Main subjects studied | Name and address of the establishment |
|  | from | to |  |  |

B. Higher education: university or equivalent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certificates or diplomas obtained | Years of study | | Main subjects studied | Name and address of the establishment |
|  | from | to |  |  |

C. Higher education: non university level (post-secondary education)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certificates or diplomas obtained | Years of study | | Main subjects studied | Name and address of the establishment |
|  | from | to |  |  |

D. Secondary or technical education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certificates or diplomas obtained | Years of study | | Main subjects studied | Name and address of the establishment |
|  | from | to |  |  |

Before engagement, a photocopy of all diplomas or degrees obtained must be produced by the successful candidates.

E. Knowledge of languages:

Mother tongue:

Other Languages: Please use the Common European Framework of Reference for Languages (CEF)

Basic user (A1); Basic user (A2); Independent user (B1); Independent user (B2); Proficient user (C1) Proficient user (C2)

To help you with your self-assessment, please refer to the following self-assessment grid: <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr/cef-ell-document.pdf>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Language | Understanding | | Speaking | | Writing |
| Listening | Reading | Spoken Interaction | Spoken production |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

F. Further training or specialized courses and seminars

|  |  |  |  |
| --- | --- | --- | --- |
| Type of course/seminar (subject) | Duration of course (years/months) | | Institute |
|  | From | To |  |
|  | From | To |  |
|  | From | To |  |
|  | From | To |  |
|  | From | To |  |
|  | From | To |  |
|  | From | To |  |
|  | From | To |  |
|  | From | To |  |

3. WORKING EXPERIENCE:

A. Previous employment

Please indicate, starting with your present employer, the jobs you had, in reverse chronological order, and state any important experience acquired outside this period which you think, may be useful in assessing your previous employment. Use one section for each job and additional sheets if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PRESENT OR MOST RECENT POST | | | | |
| Name and address of employer: | Period of employment: | | | Duration: |
| From  (day/month/year) | | To  (day/month/year) | (Equivalent to full time months)[[3]](#footnote-3) |
|  | |  |  |
| Exact designation of post: | | | | |
| Number of staff under your responsibility: | | | | |
| Place of work: | | | | |
| Nature of work: | | | | |
| Reasons for leaving (optional): | | | | |
| May reference be made to your present employer? | | □ Yes | | □ No |
| Period of notice required to leave your present job: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PREVIOUS POST | | | | |
| Name and address of employer: | Period of employment: | | | Duration: |
| From  (day/month/year) | | To  (day/month/year) | (Equivalent to full time months)[[4]](#footnote-4) |
|  | |  |  |
| Exact designation of post: | | | | |
| Number of staff under your responsibility: | | | | |
| Place of work: | | | | |
| Nature of work: | | | | |
| Reasons for leaving (optional): | | | | |
| May reference be made to the employer? | | □ Yes | | □ No |

Continue on additional sheets if necessary!

1. REFERENCES:

Please give us the name and address of three references (persons, not relatives) who may be contacted to provide references.

|  |  |  |
| --- | --- | --- |
| 1.Name  Address  Phone  E-mail | 2.Name  Address  Phone  E-mail | 3.Name  Address  Phone  E-mail |
| Relationship: | Relationship: | Relationship: |

1. OTHER INFORMATION:
   1. Long periods spent abroad in relation to your professional activities and/or studies (optional)

(please indicate dates, countries visited, and purposes of stay)

* 1. Cultural and social activities and sports (optional)
  2. Disability special arrangements needed ( please indicate in case you have a disability that may require special arrangements to be made if you are chosen)
  3. Information regarding direct or indirect interests, of relevance to the mission of EU-OSHA (the selected candidate will be required to make a declaration of commitment to act independently in the public interest and to make a declaration in respect of any interests which might be considered prejudicial to his/her independence)

1. Direct interests (financial benefits arising from, for example, employment, contracted work, investments, fees, etc.):
2. Indirect interests (indirect financial, e.g. grants, sponsorships, or other kinds of benefits):
3. Interests deriving from the professional activities of the applicant or his/her close family members:
4. Any membership role or affiliation that you have in organisations / bodies / clubs with an interest in the work of EU-OSHA:
   1. Motivation letter: Explain why you are a suitable candidate for the traineeship you are applying for.

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IMPORTANT

The application form can only be considered if:

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| --- | --- |
|  | You sent it before the indicated deadline |
|  | The application form is filled in legibly and dated |
|  | You have attached a scanned document giving proof of EU nationality or of Iceland, Norway and Liechtenstein |
|  | The reference of the selection process is clearly indicated in the subject title of your E-mail |

DECLARATION OF HONOUR

By sending this application, I declare on my word of honour that the information provided above is true, complete and correct to the best of my knowledge and belief.

I understand that I will have to present the original version of all educational certificates/diplomas noted in my application form. In the event of missing documents, I acknowledge that my candidature may be forfeited.

I understand that any false statement or omission, even if unintentional, may provide grounds for the exclusion from the traineeship programme or may lead to the cancellation of my application.

Applicant’s Name:

Date:

Signature:

1. Your application will be registered under this name. Please use it and quote the number of the competition in all correspondence. Any other name (e.g. maiden name) appearing on diplomas or certificates accompanying this application should be indicated below. [↑](#footnote-ref-1)
2. The agency applies a policy of equal opportunities. [↑](#footnote-ref-2)
3. If you are/were employed part time, please calculate the equivalent in full time months. [↑](#footnote-ref-3)
4. If you are/were employed part time, please calculate the equivalent in full time months. [↑](#footnote-ref-4)