APPLICATION FORM FOR THE ESTABLISHMENT OF A RESERVE LIST FOR  
Assistants / Secretaries

BEREC/2019/07

OF THE BEREC OFFICE

1. Surname[[1]](#footnote-1):

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|  |

2. Forename: Title: (e.g. Mr, Ms, Dr)

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| --- |
|  |

3. Date of birth: dd/mm/yyyy

4. Gender: Male Female

5. Address for correspondence**[[2]](#footnote-2)**:

|  |  |
| --- | --- |
| Street, No, etc.: |  |
| Postal code: | Town: |
| Country: |  |
| Office Telephone N°: | Mobile N°: |
| E-mail address: Professional: |  |
| E-mail address: Personal: |  |

6. Nationality (please circle or mark):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BE | BG | CY | CZ | DK | DE | EL | ES | ET | FR | HU | HR | IE | IT |
| LT | LU | LV | MT | NL | AT | PL | PT | RO | FI | SE | SK | SV | UK |

7. **First university degree, with title, date of conferral and indication on the legal duration:**

8. **Other studies:**

9. Knowledge of languages:

Place the following numbers (1, 2 or 3) in the appropriate box or boxes:

1 - mother tongue or thorough knowledge;

2 - very good knowledge;

3 - satisfactory knowledge.

| BG | CS | DA | DE | EL | EN | ES | ET | FI | FR | GA | HR |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HU | IT | LT | LV | MT | NL | PL | PT | RO | SV | SK | SL |

Other language(s):

10. Current employer (indicate if you are self-employed or unemployed):

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Position |  |

11. **Summarise your professional experience relevant to the job (300 words max.):**

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| --- |
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12. **Summarise your European/international experience, if applicable (200 words max.):**

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13.  **Summarise your experience with electronic office tools relevant to the post (200 words max):**

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14. **Give details of any membership of, or affiliation to, organisations/bodies/clubs with a potential interest in the work of BEREC:**

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15. **Give details of anything else you consider relevant to your application:**

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16. If you have a recognised disability which necessitates any special arrangements in the context of this selection procedure, please indicate below:

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|  |

17. Declaration:

1. I declare on my word of honour that the information provided above is true and complete and I am aware that any incorrect statement may invalidate my application at any point in the selection process.

2. I further declare on my word of honour that:

(i) I am a national of one of the Member States of the European Union and enjoy my full rights as a citizen;

(ii) I have fulfilled any obligations imposed on me by laws concerning military service.

3. I undertake to produce on request documents to support my application and accept that failure to do so may invalidate my application.

4. I confirm that I am willing to make complete declarations of any direct or indirect interests that might be considered prejudicial to my independence.

**Date and name:**

Along with this application form, candidates must submit:

* A covering letter describing the reasons for the application
* A CV preferably drafted using the Europass CV format which can be found at:  
  [http://www.europass.cedefop.europa.eu](http://www.europass.cedefop.europa.eu/)

1. IMPORTANT: your application will be registered under this name. Please use it in all correspondence. Any other name (e.g.maiden name) appearing on diplomas or certificates accompanying this application should be indicated below:

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   | --- |
   |  |

   [↑](#footnote-ref-1)
2. Please inform [recruitment@berec.europa.eu](mailto:recruitment@berec.europa.eu) of any change of address. [↑](#footnote-ref-2)