



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

Call for Contributions 2-2025

(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: CivOpsHQ-HR-KSC-SPO@eeas.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:	Do you have any objections to us providing feedback to your National Authorities in case of non-selection?
Third priority:	<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?	Contracted status: <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you accept a contract of employment for less than six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate here if you are a member of the European Gendarmerie Force (EGF)	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	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. PERSONAL DATA

First name		Last name	
Birth date	(dd/mm/yyyy)	Country of birth	
Passport N°		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of nationality		Other nationality/ies	
Are you currently or have you been a Police Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current rank	
Are you currently or have you been a Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current rank	

Officer?			
Are you a Civilian expert?	<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	

CLOSE FAMILY MEMBERS (SPOUSE/PARTNER AND CHILDREN, IF ANY) AND REGULAR CO-HABITANTS

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

RELATIVES, INCLUDING SPOUSE/PARTNER, EMPLOYED IN THE SPECIALIST CHAMBERS AND SPECIALIST PROSECUTOR'S OFFICE OR THE EUROPEAN UNION

Relative's Name	Relationship	Organisation

3. CONTACT DETAILS

Current contact details		
Street		Zip/postal code
Town/city	County/state/province	Country
Telephone N°	Mobile N°	

Skype address		E-mail address	
Home address			
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:
Hostile Environment Awareness Training (HEAT)				
Did you attend HEAT (or equivalent course)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

<p>Do you have or have you ever had any personal, financial, professional connection or any other affiliations with Kosovo or neighbouring countries?</p> <p>Please indicate whether you have ever resided, been educated, had military and/or police service in those areas. If yes, please give full details.</p>

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

<p>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, for which there was no space above.</p>

8. FINAL QUESTIONS

Please read and answer carefully all questions in the space provided. In case needed, please add a separate sheet.	
How quickly would you be available for deployment in case of a job offer?	
If have previously worked in another civilian CSDP Mission/organisation, do you agree that your application form may be shared with your former employer when making enquiries about your performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently working in a CSDP Mission or have worked in a CSDP Mission, do you agree that your last two PERs (Performance Evaluation Reports) are shared with the CivOpsHQ and/or the Mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you find out about this Call for Contributions?	
Has any disciplinary sanction ever been imposed on you? If you responded "Yes" please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a spouse/partner or any relative of yours, to the best of your knowledge: <ul style="list-style-type: none"> • applying to this Call for Contributions; <i>or</i> • already undergoing a recruitment or selection process with the Specialist Chambers or Specialist Prosecutor's Office? If yes, please provide the name of the relative applicant and the title(s) of the position(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)? If yes, please provide full details of each case.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If yes, please provide details of each case.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been refused a Security Clearance from any government or security clearance agency? If yes, please provide full details, also indicating for which positions.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Is any spouse/partner or relative of yours, to the best of your knowledge:</p> <ul style="list-style-type: none"> • employed by; <i>or</i> • affiliated with; <i>or</i> • engaged in a contractual or other relationship with the Specialist Chambers or Specialist Prosecutor's Office? <p>Such affiliations may include legal representation or participation in judicial proceedings or any other role in connection with proceedings before the Specialist Chambers.</p> <p>If yes, please provide full details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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>To the best of your knowledge, do you have any actual or potential conflict of interest in connection with the functions associated with the post for which you have applied?</p> <p>A conflict of interest exists, for example, where the impartial and objective exercise of the functions associated with the post is compromised, or may be perceived to be compromised, for reasons involving family, emotional life, political or national affinity, economic interest or other direct or indirect personal interest.</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 termination of any Contract of Employment.</p> <p>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.</p> <p>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.</p> <p><input type="checkbox"/> Yes</p>		
<p>Place</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<p>Date</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<p>Signature (<i>typed name is sufficient</i>)</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>

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".**