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

**EUOSHA/TR/22 – Traineeships 2022/2023**

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| --- | --- |
| **(\*) For which Unit are you applying? (drop-down list)**  **Choose an item.**  If applying for more than one Unit, fill in separate applications forms | |
| **1. PERSONAL DETAILS** | |
| Surname(s) / Family name(s)[[1]](#footnote-1) | Enter text here. |
| First Name(s) | Enter text here. |
| Date of birth | Enter text here. |
| Place of birth | Enter text here. |
| Nationality | Enter text here. |
| Gender[[2]](#footnote-2) | Enter text here. |
| **Address for Correspondence** | |
| Street, number | Enter text here. |
| Postal Code | Enter text here. |
| City | Enter text here. |
| Country | Enter text here. |
| Telephone | Enter text here. |
| Mobile phone | Enter text here. |
| Email address for correspondence: | Enter text here. |
| Please indicate how you heard of the selection process: | i.e. EC website, EPSO, LinkedIn, EU-OSHA website… |
| Please indicate if you applied for a post in this Agency before: | Enter text here. |

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| **2. EDUCATION AND KNOWLEDGE**  Please refer to the following link to check the diplomas corresponding to those required below: <https://epso.europa.eu/documents/2392_en>  **Please note:** Before engagement, the successful candidates must produce a photocopy of all diplomas or degrees obtained. |

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| **A. Post-graduate education** | |
| Title of certificate or diploma obtained | Enter text here. |
| Final diploma/certificate obtained on | (day/month/year) |
| Years of study (from - to) | Enter text here. |
| Main subjects studied | Enter text here. |
| Name and address of the establishment | Enter text here. |
| **(add more lines if necessary)** | |

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| **B. Higher education: university or equivalent** | |
| Title of certificate or diploma obtained | Enter text here. |
| Final diploma/certificate obtained on | (day/month/year) |
| Years of study (from - to) | Enter text here. |
| Main subjects studied | Enter text here. |
| Name and address of the establishment | Enter text here. |
| **(add more lines if necessary)** | |

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| **C. Higher education: non-university level (post-secondary education)** | |
| Title of certificate or diploma obtained | Enter text here. |
| Final diploma/certificate obtained on | (day/month/year) |
| Years of study (from - to) | Enter text here. |
| Main subjects studied | Enter text here. |
| Name and address of the establishment | Enter text here. |
| **(add more lines if necessary)** | |

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| **D. Secondary or technical education** | |
| Title of certificate or diploma obtained | Enter text here. |
| Final diploma/certificate obtained on | (day/month/year) |
| Years of study (from - to) | Enter text here. |
| Main subjects studied | Enter text here. |
| Name and address of the establishment | Enter text here. |
| **(add more lines if necessary)** | |

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| **E. Knowledge of Languages** | | | | | | | |
| Mother tongue: | | | | Enter text here. | | | |
| Other Languages  Please use CEF [[3]](#footnote-3) :  A1, A2, B1, B2, C1, C2 | | Understanding | | | Speaking | | Writing |
| Listening | Reading | | Spoken Interaction | Spoken production |
| 2nd | Enter text here. |  |  | |  |  |  |
| 3rd | Enter text here. |  |  | |  |  |  |
| 4th | Enter text here. |  |  | |  |  |  |

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| **F. Further training or specialized courses and seminars** | |
| Type of course/seminar (subject) | Enter text here. |
| Duration of course (years/months) | Enter text here. |
| Name and address of the establishment | Enter text here. |
| **(add more lines if necessary)** | |

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| **G. ICT skills**  Please list hereafter the software and programmes you can effectively work with as end user, including your level (basic, good, very good, advanced). | |
| **Softwares / Programmes / Apps** | **Level (basic, good, very good, advanced)** |
| Enter text here. | Enter text here. |
| Enter text here. | Enter text here. |
| Enter text here. | Enter text here. |
| Enter text here. | Enter text here. |
| **(add more lines if necessary)** | |

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| **3. WORKING EXPERIENCE**  Please give full details, starting from the most recent, of your professional experience, and state any important experience which you think may be useful in assessing your previous employment.  Use one section for each job and additional sheets if necessary. |

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| **PRESENT OR MOST RECENT EMPLOYMENT** | |
| Name and address of employer: | Enter text here. |
| **Period of employment and duration** | |
| From (day/month/year) | Enter text here. |
| To (day/month/year) | Enter text here. |
| Equivalent to full time months[[4]](#footnote-4) | Enter text here. |
|  | |
| Exact job description | Enter text here. |
| Country of work | Enter text here. |
| Nature of work: tasks and duties | Enter text here. |
| Reasons for leaving (optional) | Enter text here. |
| May reference be made to the employer? | YES  NO |
| Period of notice required to leave your present job | Enter text here. |

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| **PREVIOUS EMPLOYMENT** | |
| Name and address of employer: | Enter text here. |
| **Period of employment and duration** | |
| From (day/month/year) | Enter text here. |
| To (day/month/year) | Enter text here. |
| Equivalent to full time months[[5]](#footnote-5) | Enter text here. |
|  | |
| Exact job description | Enter text here. |
| Country of work | Enter text here. |
| Nature of work: tasks and duties | Enter text here. |
| Reasons for leaving (optional) | Enter text here. |
| May reference be made to the employer? | YES  NO |

**Continue on additional sheets if necessary!**

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| **4. REFERENCES**  Please give us the name and address of three references (persons, not relatives) who may be contacted to provide references. |

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| **1 -** | |
| Name(s) Surname(s) | Enter text here. |
| Address | Enter text here. |
| Phone number | Enter text here. |
| E-mail | Enter text here. |
| Relationship | Enter text here. |

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| **2 -** | |
| Name(s) Surname(s) | Enter text here. |
| Address | Enter text here. |
| Phone number | Enter text here. |
| E-mail | Enter text here. |
| Relationship | Enter text here. |

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| **3 -** | |
| Name(s) Surname(s) | Enter text here. |
| Address | Enter text here. |
| Phone number | Enter text here. |
| E-mail | Enter text here. |
| Relationship | Enter text here. |

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| May EU-OSHA contact these referees at a later stage of the selection procedure? | YES  NO |

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| **5. OTHER INFORMATION** |
| **A. Long periods spent abroad in relation to your professional activities and/or studies (optional).** Please indicate dates, countries visited, and purposes of stay. |
| Enter text here. |
| **B. Cultural and social activities and sports (optional)** |
| Enter text here. |
| **C. Disability special arrangements needed.**  If applicable, please indicate which arrangements or adjustments relating to your disability may be necessary, so EU-OSHA can ensure your equal participation in the interviews and tests. |
| Enter text here. |
| **D. Publications.**  If applicable, please indicate which published articles, books, or research papers on OSH related matters you have been writing. |
| Enter text here. |

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| **5. MOTIVATION LETTER**  Explain why you are a suitable candidate for the traineeship you are applying for, and why you are interested in the position. |
| Enter text here. |

**IMPORTANT**

**The application form can only be accepted if:**

You sent it **before the** indicated **deadline**;

The application form is **filled in legibly and dated**;

The reference of the selection procedure is clearly indicated in **the subject title of your email**

**DECLARATION OF HONOUR**

By sending this application, I declare on my word of honour that:

all information provided in this application is true and complete;

I am citizen of one of the member states of the European Union, Iceland, Norway or Liechtenstein;

I have fulfilled all legal obligations concerning military service

I will inform the EU-OSHA of any actual or potential conflict of interest

In addition, in case I am offered a traineeship position, I undertake to present, by the set deadlines:

 A proof of EU nationality

 A photocopy of all diplomas proving completed university studies

 An excerpt from the police record indicating good conduct

 A medical certificate of good health

 A statement or self-declaration indicating if gainfully employed

 A statement or self-declaration indicating if in receipt of a grant or allowance from another sources

 A photocopy of health and accident insurance (i.e. EU insurance card).

I understand that any false statement or omission, even if unintentional, will lead to the withdrawal of any potential traineeship offer received or, as appropriate, immediate termination of traineeship agreement.

|  |  |
| --- | --- |
| Applicant’s Name(s) and Surname(s) | Enter text here. |
| Date | Enter text here. |
| 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. 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> [↑](#footnote-ref-3)
4. If you are/were employed part time, please calculate the equivalent in full time months. [↑](#footnote-ref-4)
5. If you were employed part time, please calculate the equivalent in full time months. [↑](#footnote-ref-5)