



Organisation for Joint  
Armaments cooperation  
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Organisation Conjointe de Coopération  
en matière d'Armement

## OCCAR RECRUITMENT FORM

To: Head of Human Resources Division  
OCCAR – EA, Postfach 1328, 53003 Bonn, Germany

**PLEASE TYPE OR PRINT CLEARLY IN INK**

<b>1. PERSONAL INFORMATION</b>		RECENT PHOTOGRAPH
Mr. Mrs. Miss NAME (surname): (first names):  NAME AT BIRTH:  MAIDEN NAME (if appropriate):  PK/Insee No./Staff No./Matricola No.:		
DATE/PLACE OF BIRTH (please provide a copy of your passport or Identity card) Day: Month: Year: City: County: Country:		
<b>2. NATIONALITY</b> <b>Present Nationality:</b> Has your nationality ever changed or is it in the process of being changed? No <input type="checkbox"/> Yes <input type="checkbox"/> (please provide certified copy of naturalisation decree for new nationality) (explain the reasons for changing)  Do you have dual nationality No <input type="checkbox"/> Yes <input type="checkbox"/> Which? Explain:		
<b>3. RESIDENCE</b> Present address (to which correspondence should be sent):  Home address (if different from above):  How long have you lived in your present country of residence?	Telephone / -fax: Home: Office: Can we call you at your office? No <input type="checkbox"/> Yes <input type="checkbox"/>  E-mail:	
<b>4. MARITAL STATUS</b> <input type="checkbox"/> 1. Married (Date: ) <input type="checkbox"/> 2. Separated (Date: ) <input type="checkbox"/> 3. Divorced (Date: ) <input type="checkbox"/> 4. Widow(er) <input type="checkbox"/> 5. Single If married, does your spouse work? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, where? Job title:		

**- STAFF IN CONFIDENCE WHEN COMPLETED -**

**Name:** \_\_\_\_\_ **First Name(s):** \_\_\_\_\_

**5. RELATIVES**

Give names of spouse and any dependants

1. Spouse
2. Children (including adopted)
3. Other dependants for whom you are legally responsible

NAME	FIRST NAME	RELATIONSHIP Indicate No. & Marital Status	DATE OF BIRTH D/M/Y	COUNTRY OF BIRTH	NATION-ALITY	CURRENT ADDRESS

**6. LANGUAGES \***

Mother tongue:

	Speaking	Understanding	Reading	Writing
English				
French				
German				
Italian				

Other languages:


\* Grade as: Fluent / Good / Fair / Poor

**7. HAVE YOU EVER PREVIOUSLY APPLIED FOR A POST IN OCCAR?**

If so, please state the approximate date of application, and for which post.

Were you interviewed?      No       Yes



**- STAFF IN CONFIDENCE WHEN COMPLETED -**

**Name:** \_\_\_\_\_ **First Name(s):** \_\_\_\_\_

<b>12.1 PRESENT EMPLOYMENT</b>		
COMPANY / ADDRESS		PRESENT POSITION
Dates from:                      to:	Name and position of person to whom you report	Annual salary (gross)  Annual salary (net) after tax and social security contributions  Other benefits in kind
Number of people reporting directly to you, or for whom you are responsible		Yearly budget responsibility (if appropriate):
Describe duties and scope of responsibilities:		
How much notice must you give to leave?		
Reasons for leaving		
Do you have any objections to our making inquiries of your present employer?                      No <input type="checkbox"/> Yes <input type="checkbox"/>		
<b>12.2 PREVIOUS EMPLOYMENT</b>		
COMPANY / ADDRESS		POSITION HELD
Dates from:                      to:	Name and position of person to whom you reported	Annual salary (gross)  Annual salary (net) after tax and social security contributions  Other benefits in kind
Number of people reporting directly to you, or for whom you are responsible		Yearly budget responsibility (if appropriate):
Describe duties and scope of responsibilities:		
Reasons for leaving		
Do you have any objections to our making inquiries of your previous employer?                      No <input type="checkbox"/> Yes <input type="checkbox"/>		

**- STAFF IN CONFIDENCE WHEN COMPLETED -**

**Name:** \_\_\_\_\_ **First Name(s):** \_\_\_\_\_

<b>12.3 PREVIOUS EMPLOYMENT</b>		
COMPANY / ADDRESS		POSITION HELD
Dates from:                      to:	Name and position of person to whom you reported	Annual salary (gross)  Annual salary (net) after tax and social security contributions  Other benefits in kind
Number of people reporting directly to you, or for whom you are responsible		Yearly budget responsibility (if appropriate):
Describe duties and scope of responsibilities:		
Reasons for leaving		
Do you have any objections to our making inquiries of your previous employer?                      No <input type="checkbox"/> Yes <input type="checkbox"/>		
<b>IF YOU HAVE HELD MORE THAN THREE POSITIONS, PLEASE GIVE DETAILS ON A SEPARATE SHEET.</b>		
<b>13. MILITARY SERVICE</b>		
Have you completed your military service                      No <input type="checkbox"/> Yes <input type="checkbox"/>		
If yes, from:                      to:		Last military rank/Duties:
If not, give reasons.		
<b>14. Please describe below your experience in the field of your specialisation. If you are applying for a particular post, kindly mention any experience which relates specifically to the requirements of the post as well as to the conditions laid down for the eligibility, as stipulated in the vacancy notice</b>		

**- STAFF IN CONFIDENCE WHEN COMPLETED -**

**Name:** \_\_\_\_\_ **First Name(s):** \_\_\_\_\_

**15. REFERENCES**

Not relatives

Name	Position	Address	May be contacted before interviews?
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>

**16. HAVE YOU ANY RELATIVES OR ACQUAINTANCES WORKING IN OCCAR?**

If so, please specify

**17. HOW DID YOU HEAR ABOUT THIS JOB OPPORTUNITY?**

**18. I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY FOR OCCAR INTERNAL USE ONLY**

Date:

Signature: