**APPLICATION FORM FOR A POSITION**

Please complete this form in English. Please submit a separate form for each position you are applying for and attach the requested documents in the appendix.

The original copy of the application should be submitted to ACTED's Administration & HR Department (at the address provided in the job offer) and by e-mail to the following addresses: [xxx.xxx@acted.org](mailto:xxx.xxx@acted.org)

# General information

|  |  |
| --- | --- |
| **For which position did you apply?** |  |
| **Last name** |  |
| **First name** |  |
| **Middle name /Surname** |  |
| **Full address** |  |
| **Phone number** |  |
| **E-mail address** |  |
| **LinkedIn page (if existing)** |  |
| **Date of birth** |  |
| **Profession** |  |
| **How did you first hear about this job opportunity?** (please check the corresponding box) | ☐ Through an ad in a newspaper. If so, which one?  ☐ By a poster. If yes, where?  ☐ Other. Please specify. |

# Studies:

What higher education have you pursued? Use a separate sheet if necessary.

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| --- | --- | --- | --- | --- | --- | --- |
| **Start date of the program** | **Date of graduation** | **Establishment** | **City, Country** | **Qualification** | **Specialty** | **Level**  **(if applicable)** |
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# Professional Experience:

Please list all jobs you have held or are still holding. Include volunteer and service experiences. Write them in chronological order, starting with the last.

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| **Employment period:** |  | **Company or organization:** |  |
| **Position:** |  | | |
| **Responsibilities:** |  | | |
| **Reasons for leaving:** |  | | |

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| --- | --- | --- | --- |
| **Employment period:** |  | **Company or organization:** |  |
| **Position:** |  | | |
| **Responsibilities:** |  | | |
| **Reasons for leaving:** |  | | |

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| **Employment period:** |  | **Company or organization:** |  |
| **Position:** |  | | |
| **Responsibilities:** |  | | |
| **Reasons for leaving:** |  | | |

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| **Employment period:** |  | **Company or organization:** |  |
| **Position:** |  | | |
| **Responsibilities:** |  | | |
| **Reasons for leaving:** |  | | |

# Languages

Which languages do you know?

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| --- | --- | --- | --- |
| **Language** | **Read** | **Written** | **Spoken** |
| English |  |  |  |
| French |  |  |  |
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# Computer skills

How would you rate your knowledge of the following software? (If necessary, add other software to the list)

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| --- | --- | --- | --- |
| **Software** | **No knowledge** | **Basic knowledge** | **Mastery** |
| MS Word |  |  |  |
| MS Excel |  |  |  |
| MS Access |  |  |  |
| MS PowerPoint |  |  |  |
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# Other

Do you know anyone working at ACTED? If yes, please specify the name of the person and the relationship between you (acquaintance, spouse, parent, etc.)

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Do you have a disability or health condition that would require accommodations in your work? If so, please provide details.

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From what date would you be available?

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Are you able and willing to travel as part of your job?

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Have you ever travelled, worked or lived outside your country? If so, where, for how long and for what purpose?

|  |  |  |
| --- | --- | --- |
| **Country** | **Duration** | **Purpose of the visit** |
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Do you have any special knowledge, experience or skills that you have not already mentioned that would be useful in your work at ACTED? If so, please specify.

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What are your hobbies?

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Why do you think you would be a good candidate for this job?

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What four adjectives would best describe you?

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

# References

Please provide us with the names & contact information of three references that ACTED could contact.

**Referent person #1:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position & employer** |  |
| **Phone number** |  |
| **E-mail** |  |

**Referent person #2:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position & employer** |  |
| **Phone number** |  |
| **E-mail** |  |

**Referent person #3:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position & employer** |  |
| **Phone number** |  |
| **E-mail** |  |

# Confirmation

I certify on my honour that the information contained in this form is accurate to the best of my knowledge.

I authorize the processing of my personal data and of the data contained in this form, my CV and the other documents submitted with my application and I certify that I have received, read, and understood the content of ACTED's information notice on the protection of personal data of applicants (form DPO-03).

|  |  |
| --- | --- |
| **Date** |  |
| **Signature** |  |