

APPLICATION FORM

Confidential

The following information provided by applicants will be treated as confidential information by GroupEAD Europe S.L..

Complete one application form per competition

Competition No. (This number will be assigned by GroupEAD Europe S.L..)	
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Job Title	
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Preferred working place:

- Madrid
 Frankfurt
 No preference

Flexibility in preferred working place (if applicable)

- Only the workplace indicated above is an option
 The above indicated is preferred, but I am flexible

Please complete in ENGLISH. All questions must be answered.
 Do not leave blanks or write a dash – please state „None“. To be filled in by typewriter or in block letters in **black ink.**

1. SURNAME	MAIDEN NAME (IF APPLICABLE)	FORENAME

2. ADDRESS FOR CORRESPONDENCE	E-MAIL
	TEL. WORK
	TEL. HOME
	MOBILE TEL.

11. LEISURE ACTIVITIES AND SPORTS / PARTICULAR ABILITIES OR INTERESTS

12. USING ADJECTIVES IN EACH CASE, PLEASE DESCRIBE YOUR STRENGTHS AND AREAS WHERE THERE IS ROOM FOR IMPROVEMENT.

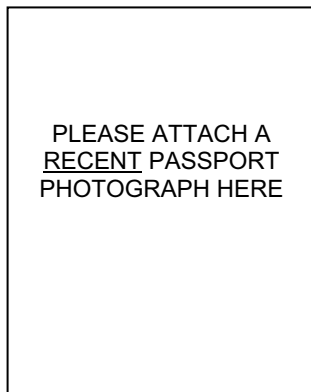
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13. PLEASE ADD HERE ANY FURTHER RELEVANT INFORMATION IN SUPPORT OF YOUR APPLICATION

I, THE UNDERSIGNED, DECLARE THAT THE INFORMATION PROVIDED ABOVE IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE.

I FURTHER DECLARE THAT:

- I HAVE COMPLIED WITH THE PROVISIONS OF ALL MILITARY RECRUITMENT LAWS APPLICABLE TO ME.
- I HAVE NO OBJECTION TO AN INVESTIGATION BEING CONDUCTED BY THE COMPETENT AUTHORITIES OF THE STATE WHICH I AM NATIONAL, WITH A VIEW TO THE ISSUE OF A CERTIFICATE OF SECURITY CLEARANCE.
- I AM WILLING TO UNDERGO A MEDICAL EXAMINATION PRIOR TO APPOINTMENT.



(SIGNATURE)

(DATE)

A LETTER OF ACKNOWLEDGEMENT WILL BE SENT TO YOU UPON RECEIPT OF YOUR APPLICATION.

PLEASE NOTE THAT APPLICATIONS CANNOT BE RETURNED TO CANDIDATES AND, IF UNSUCCESSFUL, WILL BE DESTROYED.