



EUROPEAN COMMISSION
CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY

Corporate Support and Resources Management Unit
Human Resources

CHAFEA/TA/AD/2018/028

Eligibility and Selection Criteria Grid

Overview

LEGAL OFFICER-PROGRAMME COORDINATOR – CONSUMERS PROGRAMME

Please fill in the information request form. All fields are mandatory.

Last Name (in capital):

First name:

Gender:

Male Female

Eligibility criteria

Please answer the following questions concerning your qualifications and experience.

The information you provide will be used to rate your application against other candidates and to identify the best candidates to be invited to the second stage of the competition. It is important that you are completely honest in your answers as they will be validated and any attempt to deceive the Selection Committee will result in disqualification from the competition. All your answers will be verified by the Selection Committee and validated against your application form. Your answers will then be scored by the Selection Committee.

You must reply yes or no to each question by clicking on the appropriate button. If you reply yes to a question, you must also reply to the question underneath by entering your answer in the text box. Please be as concise and precise as possible. If you reply no to a question you will not be able to enter anything in the text box or to save any text that you may have already written there.

1. Are you a national of a Member State of the European Union?

Yes No

2. Are you entitled to full rights as a citizen?

Yes No

3. Have you fulfilled all obligations imposed by the applicable laws concerning military service?

Yes No

4. Do you meet the appropriate character requirements as to the suitability for the performance of the duties?

Yes No

5. Are you physically fit to perform the duties linked to the post?

Yes No

6. Main Language

	B1	B2	C1	C2
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Second Language: Do you have a thorough knowledge of another official language of the EU to the extent for the performance of the duties?

Yes No

If yes, please list the other languages and for the second language, indicate the level of your knowledge using the CEFR European language levels - [Self Assessment Grid](#)

	B1	B2	C1	C2
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Do you have a university degree in law (at least four years studies) when the normal period of university education is four (4) years or more?

Yes No

If yes, please indicate the exact title of your diplomas and the names of the academic institutions which awarded them.

or

7. Do you have a university degree in law (at least three years studies) and at least one year's professional experience when the normal period of university education is at least three (3) years?

Yes No

If yes, please indicate the exact title of your diplomas and the names of the academic institutions which awarded them.

Selection Criteria

Essential

8. Do you have at least 3 years of proven professional experience (after the award of your university degree) relevant to the referred duties?

Yes No

If yes, please provide the total number of years:

If yes, please provide the total number of years and the names of the employers, the period of employment for each contract; describe this experience and your specific role in the organisation

*- **1000 Characters** maximum*

9. Do you have knowledge and experience of financial and budget management and the related financial and budgetary procedures and tools?

- Yes No

If yes, please indicate the level of your knowledge

- Weak Medium Good Very good

*Please describe your experience (where and how have you gained it and describe in which areas) - **500** Characters maximum*

10. Do you have ability to coordinate, work under pressure, handle many simultaneous tasks, prioritize, and manage responsibilities and expectations?

- Yes No

If yes, please indicate the level of ability.

- Weak Medium Good Very good

Please describe your experience in it (name of employers, exact period, job title, responsibilities)

11. Do you have planning and organization skills?

- Yes No

If yes, please indicate the level of these skills.

- Weak Medium Good Very good

Please describe your experience with these issues (where and how have you gained it and describe in which areas) - **500** Characters maximum

12. Do you have interpersonal, communication and problem solving skills?

Yes No

If yes, please indicate the level of these skills.

Weak Medium Good Very good

Please describe your experience with these issues (where and how have you gained it and describe in which areas) - **500** Characters maximum

13. Do you have experience of coordination across different services?

Yes No

If yes, please indicate the level of your experience.

Weak Medium Good Very good

Please describe your experience with these issues (where and how have you gained it and describe in which areas) - **500** Characters maximum

14. Do you have experience in leading a team?

Yes No

If yes, please indicate the level of your experience.

- Weak Medium Good Very good

Please describe your experience with these issues (where and how have you gained it and describe in which areas) – **500** Characters maximum

15. Do you have a customer service experience?

- Yes No

If yes, please indicate the level of your experience.

- Weak Medium Good Very good

Please describe your experience with these issues (where and how have you gained it and describe in which areas) – **500** Characters maximum

16. Do you have an eye for detail, accuracy, numeracy?

- Yes No

If yes, please indicate the level.

- Weak Medium Good Very good

Please describe your experience with these issues (where and how have you gained it and describe in which areas) - **500** Characters maximum

17. Do you have sense of discretion and confidentiality?

Yes No

If yes, please indicate the level.

Weak Medium Good Very good

Please describe your experience with these issues (where and how have you gained it and describe in which areas) - **500** Characters maximum

18. Do you have an excellent command of English (Proficient user C2)?

Yes No

If yes, please indicate the level of your knowledge using the CEFR.

European language levels - [Self Assessment Grid](#)

	B1	B2	C1	C2
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Advantageous

19. Do you have prior experience as legal/ call -coordinator and/or in project management?

Yes No

If yes, please indicate the level of your experience.

Weak Medium Good Very good

*Please describe your experience with these issues (where and how have you gained it and describe in which areas) - **500** Characters maximum*

20. Do you have knowledge of legal /financial rules and/or budget experience?

Yes No

If yes, please indicate the level of your knowledge.

Weak Medium Good Very good

*Please describe your experience with these issues (where and how have you gained it and describe in which areas) - **500** Characters maximum*

21. Do you have a satisfactory knowledge of (an) other official EU language(s)? (Independent user B2)

Yes No

If yes, please indicate the language(s) and the level of your knowledge using the CEFR.

European language levels - [Self Assessment Grid](#)

<u>Official EU language</u>

	B1	B2	C1	C2
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Official EU language

	B1	B2	C1	C2
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Official EU language

	B1	B2	C1	C2
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>