



Confidential

# EUROPEAN SOUTHERN OBSERVATORY

Organisation Européenne pour des Recherches Astronomiques dans l'Hémisphère Austral  
 Europäische Organisation für astronomische Forschung in der südlichen Hemisphäre

## Application Form

Although preference will be given to nationals of the Member States of ESO:

**Belgium, Denmark, Germany, France, Italy, The Netherlands, Sweden, Portugal, and Switzerland,**  
 no nationality is à priori excluded.

To be completed in English. Please type, or print in block letters using black ink or black ball point pen.

Please do not send any supporting documentation. We will inform you should we wish to see your professionals or academic documents at a later stage.

1

Family name	First name	Sex	Maiden name
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2

Permanent address	Present address	Telephone / Internet Address private: office: e-mail:
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3

Date of birth (dd/mm/yy)	Town of birth	Country	Nationality(ies)
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4

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Date of marriage dd/mm/yy
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5

Spouse	First names	Date of birth (dd/mm/yy)	Nationality(ies)
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6

Children Indicate surname and nationality only if different from yours									
	First names	M F	Date of birth (dd/mm/yy)	Nationality(ies)		First names	M F	Date of birth (dd/mm/yy)	Nationality(ies)
1					4				
2					5				
3					6				

7

Post	For which post are you applying?	Where did you see the vacancy advertised?
In:	Munich <input type="checkbox"/> Chile <input type="checkbox"/>	

8

Illnesses	(Indicate any chronic illness or physical handicap)
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9

Languages For languages other than your mother tongue, enter appropriate code * (see explanation below) to indicate level of your language knowledge	Mother tongue:								
	Reading			Writing			Speaking		
	VG	Good	Fair	VG	Good	Fair	VG	Good	Fair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recent photograph,  
passport size

\* Fair = Limited conversation, reading of newspapers, routine correspondence  
 Good = Engage freely in discussions, read and write more difficult material.  
 VG = Speak, read and write nearly as well as mother tongue.





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List of scientific or technical papers you have published (to be sent only on request). Add further sheets if necessary.

19

Professional societies of which you are a member

20

State any other facts with regard to your employment with ESO, such as professional activities of spouse or educational needs for children

21

**Professional references**

Would you object if ESO contacted your present employer?      yes       no

Would you object if ESO contacted your previous employer?      yes       no

Give 4 references (other than members of your family or your previous employers)

Name	full address (telephone number, e-mail)
1.	
2.	
3.	
4.	

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**Notice Period** (How much notice must you give OR when could you start work at ESO?)

23

**I certify that the information given above is, to the best of my knowledge, true and complete.**

Date:

Signature: