**Annex A**

**Candidate Application Form (unstamped paper)**

 To the Chancellor

 of the Università degli Studi di Bergamo

The undersigned:

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAMES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BORN IN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RESIDING IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PROVINCE\_\_\_\_\_\_\_\_)ZIP\_\_\_\_\_\_ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. \_\_\_\_\_\_) PHONE CONTACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFIED EMAIL (PEC) ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requests**

to take part to the comparative evaluation procedure for the recruitment of no. 1 fixed-term researcher as indicated by s. 24 para 3, letter a) of Law 240/2010, announced by Decree of the Chancellor Rep. no. 68 of 29.01.2019 and published in the Gazzetta Ufficiale no. 8 on 29.01.2019 at the Department of Management, information and production engineering.

Examination Sector: 09/G1

Scientific discipline Sector: ING-INF/04

To that end, being aware of the applicable criminal penalties for deceitful declarations, as recalled by s. 76 of the Presidential Decree (D.P.R.) 445/2000

**declares:**

1. I am a citizen of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
2. I enjoy civil and political rights;
3. I am listed in the electoral rolls of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ municipality orI am not listed (specify reasons) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or, rather, (for foreign citizens) I am in full possession of civil and political rights in my country of citizenship (or country of origin) or I state the reasons for lacking such rights \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
4. I have not been convicted or found guilty of criminal offences and do not have any pending criminal proceedings; (otherwise list such offences indicating the details of all related judgements and any pending criminal proceedings\*);
5. I have not been removed or discharged from office by any Public Bodies on the basis of persistently insufficient yield, that is, I have not been dismissed from any public employment, as provided by s. 127, letter d) of the Presidential Decree (D.P.R.) 10.01.1957, no. 3;
6. I meet physical fitness requirements needed for this selection;
7. being in possession of a Doctorate Program in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or equivalent qualification. In this case attach the documentation to support the equivalence) CUN Area \_\_\_\_\_\_\_\_\_\_\_\_\_ achieved at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
8. for candidates with disabilities: I am in need of the following aids: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I require the following extra testing time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. I master the italian language (foreign citizens);
10. I master the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ language (as required by the announcement);
11. I am in the following position, in terms of compulsory military service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (only for italian male citizens born within 1985);
12. that they are not currently performing and have not previously performed the role of professor of first or second band or of university researcher with an indefinite period contract;
13. I do not have any relationship or kinship, up to and including three times removed relatives, or marriage, either with any professor belonging to the Department issuing the call or with the Rector, the Director General or any member of the Board of Directors at this University;
14. Ielect the following address for the delivery of all notices relating to this contest:

ADDRESS: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_no. \_\_\_ ZIP \_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE \_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE CONTACTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CERTIFIED EMAIL (PEC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ reserving the right to promptly inform this University of any changes.

The undersigned certifies -under his own responsibility- that everything declared above is true and commits to prove it by surrendering the prescribed documentation within the terms and the procedures established by the announcement.

The undersigned submits the following attachments to the application:

1. photocopy of a valid identification document;
2. *curriculum vitae*describing his educational and scientific activity, dated and signed;
3. personal sworn declaration, as per Decree D.P.R. 445/2000 (cf. Annex C), certifying fullmastery of anything reported in the *curriculum vitae*;
4. numbered list, dated and signed, of all produced scientific publications(Annex B);
5. publications and works that the candidate wishes to assert to the purpose of the procedure, numbered in progressive order and matching the relating numbered list; files in digital form of the publications must be accompanied by an affidavit (cf. Annex D);
6. In the case of qualifications obtained abroad not recognised as valid in the Italian territory: a certified copy of the Declaration of equivalent qualification, issued by the competent Italian diplomatic and consular authorities abroad or the degree supplement or the details of the request for the equivalence of the qualifications with reference to this call to the *Dipartimento della FunzionePubblica.*

Pursuant to the Legislative Decree (D.Lgs.) no. 196/2003 and the Regulation (UE) 2018/679, the undersigned declares to be well informed that my personal data being collected here will be treated, also in electronic form, exclusively for the scope of the procedure related to this declaration and authorizes the collection of my personal data for the fulfilment of this procedure.

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Declare all reported criminal offences, including details of the related judgements.

**Annex B**

**LIST OF PUBLICATIONS**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ province \_\_\_\_\_\_\_\_\_\_\_\_

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residing in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

being aware of the provisions of ss. 71 (Check procedures) and 76 (Criminal laws) of D.P.R. 28thDecember 2000, no. 445, in connection with my application to the comparative evaluation procedure for the recruitment of no. \_\_\_fixed-term researcher, in compliance with s. 24, para 3 of Law 240/2010 announced with decree of the Chancellor Rep. no. ……………..………………..of …………………… and published in the Gazzetta Ufficiale no. …………… of ………………..

Examination sector\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSD \_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DECLARES

to submit no. \_\_\_\_\_\_\_\_\_\_\_ scientific publications, corresponding to the following list (include name(s) of the author(s), title, journal name, publisher and publication date):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

etc.

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex C**

**SWORN DECLARATION OF CERTIFICATION**

**(s. 46 D.P.R. 445/2000)**

The undersignedLAST NAME -------------------------------------------------- (women please show maiden name) NAMES ----------------------------------------------------- BORN IN -------------------------------------------- PROV. ----------- ON ------------------------------------------------- RESIDING IN --------------------------------------------------------------- PROV. ------------------ ADDRESS -------------------------------------------------------------------------------------- ZIP --------

aware of the criminal penalties applicable in case of deceitful declarations, as recalled by s. 76 of D.P.R. 445/2000

DECLARES

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Pursuant to the Legislative Decree (D.Lgs.) no. 196/2003 and the Regulation (UE) 2018/679, I declare to be well informed that my personal data being collected here will be treated, also in electronic form, exclusively for the scope of the procedure related to this declaration and I authorize the collection of my personal data for the fulfilment of this procedure.

Place &date …………………………………….

 The declarant

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. This declaration does not require signature authentication and replaces, for all intents and purposes, the standard certifications required by or destined to public bodies.

**Annex D**

**AFFIDAVIT
(s. 47 D.P.R. 445/2000)**

The undersigned

LAST NAME -------------------------------------------------- (women please show maiden name) NAMES ----------------------------------------------------- BORN IN -------------------------------------------- PROV. ----------- ON ------------------------------------------------- RESIDING IN --------------------------------------------------------------- PROV. ------------------ ADDRESS -------------------------------------------------------------------------------------- ZIP --------

aware of the criminal penalties applicable in case of deceitful declarations, as recalled by s. 76 of D.P.R. 445/2000

DECLARES

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Pursuant to the Legislative Decree (D.Lgs.) no. 196/2003 and the Regulation (UE) 2018/679, I declare to be well informed that my personal data being collected here will be treated, also in electronic form, exclusively for the scope of the procedure related to this declaration and I authorize the collection of my personal data for the fulfilment of this procedure.

Place &date …………………………………….

 The declarant

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. The declarant must sign this declaration before a staff in charge or can mail it to the department in charge, along with an uncertified photocopy of the declarant's document of identification.