**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. \_\_\_ fixed-term researcheras indicated by s. 24 para 3, letter b) of Law 240/2010, announcedby Decree of the Chancellor Rep. no. 650 prot. 199804 date 22.12.2020 and published in the Gazzetta Ufficiale no. 99 on 22.12.2020. at the Department of Economics:

**Academic recruitment field:** 13/A3 – Public economics;

**Academic discipline:** SECS-P/03 – Public economics;

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. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . If the qualification has been recognized as valid in Italy, indicate the details of the comparability / equivalence provision ……………………………………………………………………………………………..
7. I have enjoyed (*please tick corresponding box*):
* triennial contracts as per s. 3 letter a) of s. 24 of Law 240/2010; or,
* scientific habilitation for the second or the first professorship level as per s. 16 of Law 240/2010; or rather
* for at least three years, contracts stipulated as per s. 1 para 14 of Law 230/2005; or,
* for at least three years, albeit not consecutive,
* research grants as per s. 51, para 6 of Law 27 December 1997, no. 449,
* or postdoctoral fellowships as per s. 4 of Law 30 November 1989, no. 398, or
* comparable contracts, grants or fellowships in foreign athenaeums; or
* research grants as per s. 22 of Law no. 240/2010
1. That the overall duration of the relationships established as the holder of the grants pursuant to art. 22 and of contracts referred to in Article 24 of Law 240/2010 (also occurred with different universities, state, non-state or telematic, as well as with the bodies referred to in paragraph 1 of Article 22 of Law 240/2010) including of the duration envisaged by the contract set out in this announcement, does not exceed twelve years, even if not continuous.

*And declares (fill in only if appropriate):*

* To have used maternity leave for the period from (indicate dd / mm / yy) …………….…… to (indicate dd / mm / yy) ………………… ..;
* To have received leave for health reasons for the period from (indicate dd / mm / yy) ……………….……… to (indicate dd / mm / yy) ………….………… ..;
1. for candidates with disabilities: I am in need of the following aids: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I require the following extra testing time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I master the italian language (*foreign citizens*);
3. I master the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ language (as required by the announcement);
4. I am in the following position, in terms of compulsory military service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*only for italian male citizens born within 1985*);
5. 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;
6. 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 Chancellor, the Director General or any member of the Board of Directors at this University;
7. Ielect the following addressfor 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 event of a qualification obtained abroad: the applicant must indicate the details of comparability/equivalence or annex a copy of the request for the comparability/equivalence (see call);
7. in the event of foreign applicant, it is necessary to annex: a copy of the residence permit (if the applicant is already in its possession);
8. copies of documents relating to contracts, grants or scholarships in foreign universities in order to transmit them to the CUN for the opinion on the correspondence with the Italian positions.

Pursuant to the Legislative Decree (D.Lgs.) no. 196/2003 and the Regulation (UE) 2018/679, the undersigned declares to be well informed that his/her 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 personal data for the fulfilment of this procedure, as specified by the call.

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. 650 prot. 199804 date 22.12.2020 and published in the Gazzetta Ufficiale no. 99 of 22.12.2020

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 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, the undersigned declares to be well informed that his/her 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 personal data for the fulfilment of this procedure, as specified by the call.

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, the undersigned declares to be well informed that his/her 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 personal data for the fulfilment of this procedure, as specified by the call.

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.