**Annex A**

**Candidate Application Form (unstamped paper)**

To the Rector

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 electronic mail (PEC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requests**

to take part to the comparative evaluation procedure for the recruitment of no. \_\_\_ II level university associate professor, as indicated by s. 18, paras 1 & 4 of Law 240/2010, announced by Decree of the Rector Rep. no. …………….. Prot. no. ………………….. date ……………………and published in the Gazzetta Ufficiale no. ….……… on …….……….. at the Department of ………….………………………

Examination Sector: …………………………………………..

Scientific discipline Sector: ……………………………….

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 a citizen of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
2. I enjoy civil and political rights;
3. I am listed in the electoral rolls of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ municipality or I 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. I meet one of the following criteria (check corresponding box):

* Candidate holds a national scientific habilitation as per s. 16 of Law 240/2010 for the sector of examination included in the same academic field and for the role specified by the procedure;
* Candidate achieved habilitation for II level university associate professorship, in compliance with Law no. 210/1998 and limited to the validity of the latter;
* Candidate entertains a II level professorship position at other Universities;
* Candidate is permanently engaged abroad in research or education activities at university level, thereby holding a position of a corresponding level to the one offered by this announcement, based on the correlation tables defined by the Ministry (D.M. no. 236 dated 2.5.2011);

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 following 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. Over the last three years, I have not served, I have not have received research grants and I did not enrol at any university course at the Università degli Studi di Bergamo;
6. I do not have any relationship or kinship, up to and including three times removed relatives, either with any professor belonging to the Department issuing the call or with the Rector, the Director General and any member of the Board of Directors at this University;
7. I elect the following address for the delivery of all notices relating to this contest:

ADDRESS: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no. \_\_\_ ZIP \_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE \_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE CONTACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certified electronic mail (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 full mastery 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; copies or files in digital form of the publications must be accompanied by an affidavit (cf. Annex D);
6. any independent-opinion cover letter (maximum three) signed by italian or foreign experts, external to the Università degli Studi di Bergamo, about the scientific activity of the candidate (copies or files in digital form of the letters must be accompanied by an affidavit, cf. Annex D).

The undersigned hereby authorizes the collection of his personal data, which will be used as provided by the Legislative Decree (D.Lgs.) no. 196/2003, 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. 28th December 2000, no. 445, in connection with my application to the comparative evaluation procedure for the recruitment of no. \_\_\_ II level university associate professor, in compliance with s. 18, paras 1 and 4 of Law 240/2010 announced with decree of the Rector Rep. no. ……………..Prot. 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 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

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Pursuant to s. 18 of Legislative Decree (D.Lgs.) 196/2003, 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.

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 s. 18 of Legislative Decree (D.Lgs.) 196/2003, 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.

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.