

ANNEX 2)

TO THE DIRECTOR

DEPARTMENT _____

The undersigned _____

ASKS

to participate in the comparative evaluation by qualifications and interview for the assignment of a non-occasional self-employment assignment as a Program Specialist / Chief Scientist lasting 36 months in support of the Project "Decade Collaborative Centre for Coastal Resilience (DCC-CR)" for the needs of the Department of Physics and Astronomy

To this end, it declares under its own responsibility, that everything indicated in this request corresponds to the truth, pursuant to art. 46 of Presidential Decree no. 445/2000:

SURNAME

NAME

BIRTH DATE

BIRTH LOCATION STATE

RESIDENT STATE ZIP

STREET N.

ITALIAN CITIZENSHIP

YES	NO
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EUROPEAN CITIZEN:
COUNTRY OF BIRTH

NON-EUROPEAN
CITIZEN



CRIMINAL CONVICTIONS (a)

NO
YES

WHICH _____

REQUIREMENTS:

1. ACADEMIC TITLES (PHD) :

1. **The level and title denomination obtained**

Issued by _____

_____ COUNTRY _____

Achieved on (date) _____ GRADE _____

- to be in possession of the declaration of equivalence issued pursuant to current legislation on the subject
- to attach to this application a translation into Italian of the foreign qualification, accompanied by a self-declaration of conformity with the original of the translation

- NOT to be related or similar (up to and including the fourth degree) with a professor belonging to the structure that requires the stipulation or with the Rector, the General Manager or a member of the Board of Directors of the University;
- not to be in early retirement of seniority pursuant to art. 25 of Law 724/1995;
- possess qualified professional experience and skills of at least 12 months in public bodies or private organisations in relation to the subject matter of the contract;
- not having reported criminal convictions and / or not having pending criminal proceedings such as to determine situations of incompatibility with the task to be carried out. Otherwise indicate which _____;
- to declare in the curriculum attached to the application for participation the qualifications that are intended to be submitted for the purpose of their evaluation.

Physically challenged

YES
NO

and need the following help _____

to elect their domicile for communications regarding this selection in

STREET

N.



CITY STATE ZIP

TELEPHONE
MOBILE
E-MAIL

AT

The undersigned attaches to this application a photostatic copy of a valid identity document.

The undersigned expresses his consent so that the personal data provided can be processed in compliance with Regulation (EU) 2016/679 and Legislative Decree no. 196/2003 ss.mm.ii for the obligations related to this procedure.

Date,

Signature

Attach to this application your **dated and signed** curriculum vitae and declare that everything indicated in it corresponds to the truth pursuant to Article 46 of Presidential Decree 445/2000 and that any attached photocopies are in accordance with the original pursuant to Article 47 of Presidential Decree 445/2000.

Date,

Signature