

To the attention of:
EDMUND MACH FOUNDATION
Organization and Human Resources Division
Via E. Mach 1, San Michele all'Adige, 38098 Trento, Italy

SUBJECT: Application in response to the Recruitment Announcement of the Edmund Mach Foundation, pursuant to Article 14, paragraph 6, of the Foundation Regulation for the selection of human resources (*declarations by the applicant pursuant to Articles 46 and 47 of Decree of the President of the Republic 445/2000.*)

I, the undersigned (full name)	_____
born on (date dd/mm/yyyy)	_____
in (city, municipality)	_____
of the Italian province or non-Italian State	_____
national tax code (<i>if available</i>)	_____
citizenship	_____
registered as a resident in	_____
street address	_____
postal code, city	_____
currently domiciled at	_____
street address	_____
postal code, city	_____
telephone (<i>if available</i>)	_____
mobile telephone	_____
email	_____

pursuant to Articles 46 and 47 of Presidential Decree 445/2000, in submitting my application, under my own personal responsibility, aware that in the event of false declarations the criminal sanctions provided for by law will be applicable, pursuant to Article 76 of the same Presidential Decree 445/2000

I DECLARE:

(declarations are made by ticking the relevant boxes and, where required, completing the declarations requested; comments in Italic letters are not included in the declarations)

for purposes of application in response to the Recruitment Announcement:

Fourth level Technologist (T4) in the area of bioinformatics, genomics and transcriptomics of microorganisms - recruiting for the formation of a ranking for temporary employee contracts (406_CRI_BGT)

DECLARATION OF POSSESSION OF ADMISSION REQUIREMENTS

☐ that I possess all of the requirements indicated in the Announcement, under penalty of exclusion;

☐ that I possess all of the following requirements as specifically indicated in the Announcement:

☐ Master's degree (≥ 4 years) in Biology, Bioinformatics, Computational Biology, Biotechnology, Genetics, or equivalent:

Higher education graduation certificate in	_____
Awarded on (date dd/mm/yyyy)	_____
By the institution	_____
With the overall grade	_____
Thesis title	_____
Thesis abstract	_____
Type	<input type="checkbox"/> Italian Laurea vecchio ordinamento <input type="checkbox"/> Italian Laurea specialistica - LS (indicate number) _____ <input type="checkbox"/> Italian Laurea magistrale - LM (indicate number) _____ <input type="checkbox"/> Other national 'Bologna process equivalent' 1st cycle academic degree (indicate name) _____

(to compile only in the case of non-Italian academic degrees)

<input type="checkbox"/> that I possess the following qualification awarded by a non-Italian higher education institute:	
Name of certification	_____
Awarded on (date dd/mm/yyyy)	_____
By the institution	_____
At address	_____
With overall grade	_____
Thesis title	_____
Thesis abstract	_____

Self-declaration of equivalence with Italian master's degree	<input type="checkbox"/> I confirm that I possess a 4-year qualification with the equivalent academic background of a Master degree.
	Or <input type="checkbox"/> I confirm that I possess a 5-year qualification with the equivalent academic background of a Master degree.

☐ I know English at minimum level corresponding to B2 of the Common European Framework of Reference for Languages (CEFR);

DECLARATION OF OTHER CERTIFICATIONS

☐ In particular, I possess the following additional certifications under the Recruitment Announcement:

☐ Work experience (PhD experience included) in the field of Microbiology, Genomics, Transcriptomics, Bioinformatics:

Indicate the period		Laboratories / research organizations / universities / company and type of contract	Field
from (dd/mm/yyyy)	to (dd/mm/yyyy)		
_____	_____	_____ Type of contract: _____	<input type="checkbox"/> Microbiology <input type="checkbox"/> Genomics <input type="checkbox"/> Transcriptomics <input type="checkbox"/> Bioinformatics
_____	_____	_____ Type of contract: _____	<input type="checkbox"/> Microbiology <input type="checkbox"/> Genomics <input type="checkbox"/> Transcriptomics <input type="checkbox"/> Bioinformatics
_____	_____	_____ Type of contract: _____	<input type="checkbox"/> Microbiology <input type="checkbox"/> Genomics <input type="checkbox"/> Transcriptomics <input type="checkbox"/> Bioinformatics
_____	_____	_____ Type of contract: _____	<input type="checkbox"/> Microbiology <input type="checkbox"/> Genomics <input type="checkbox"/> Transcriptomics <input type="checkbox"/> Bioinformatics
_____	_____	_____ Type of contract: _____	<input type="checkbox"/> Microbiology <input type="checkbox"/> Genomics <input type="checkbox"/> Transcriptomics <input type="checkbox"/> Bioinformatics
_____	_____	_____ Type of contract: _____	<input type="checkbox"/> Microbiology <input type="checkbox"/> Genomics <input type="checkbox"/> Transcriptomics <input type="checkbox"/> Bioinformatics
_____	_____	_____ Type of contract: _____	<input type="checkbox"/> Microbiology <input type="checkbox"/> Genomics <input type="checkbox"/> Transcriptomics <input type="checkbox"/> Bioinformatics

_____	_____	_____ Type of contract: _____	<input type="checkbox"/> Microbiology <input type="checkbox"/> Genomics <input type="checkbox"/> Transcriptomics <input type="checkbox"/> Bioinformatics
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☐ **Scientific publications in journals with impact factor in the field of Microbiology, Genomics, Transcriptomics, Bioinformatics:**

Type of contribution	Authors, publication title, Journal, DOI
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	
<input type="checkbox"/> First/last name author	_____
<input type="checkbox"/> Corresponding author	
<input type="checkbox"/> Other author	

The file is protected, if you need to modify it to complete your information, you can use the recruiting code 406_CRI_BGT as password to remove the protection in the MO Word file.

☐ **Demonstrated contributions to public data and software repositories:**

Title and description of the contribution	Link
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

☐ **Training courses, seminar or master in the field of Microbiology, Genomics, Transcriptomics, Bioinformatics and safety and health at work:**

Date	Course title	Duration in hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DECLARATION OF GENERAL REQUIREMENTS

(tick and complete ONE of the following declarations)

☐ **I am an Italian citizen;**

or

☐ **I am a citizen of a European Union or other State** *(name of the State):* _____

and

☐ I enjoy full civil and political rights in the country of origin or nationality *(or else indicate the reasons for not enjoying full rights)* _____;

☐ with the exception of Italian citizenship, I possess all of the same requirements as for citizens of the Republic;

(tick and complete ONE of the following declarations)

- ☐ **I have NOT** been convicted, nor have I applied for a penalty at my own request (plea bargaining), which has been confirmed by the courts as an enforceable conviction;

or

- ☐ **I HAVE been** convicted or have applied for the following convictions or penalties (plea bargaining) which have been confirmed by the courts as enforceable, and/or have been the subject of the following rulings concerning the application of security or prevention measures, civil decisions or administrative measures entered in the judicial record pursuant to current legislation (including those for which the court has granted non-registration in the judicial record and/or conditional suspension of the penalty):

(indicate the complete list of the above convictions or measures, and for each one indicate the responsible court and its seat)

- 1) _____;
2) _____;
3) _____;

(tick and complete ONE of the following declarations)

- ☐ **I have NOT** been convicted nor applied for (plea bargaining) a conviction or penalty, that HAS NOT YET BEEN CONFIRMED AS ENFORCEABLE, for the offences referred to in Book 2, Title II, Chapter I of the Italian Criminal Code ("Offences committed by public officials against the Public Administration");

or

- ☐ **I HAVE been** convicted or have applied for the following convictions or penalties (plea bargaining) WHICH HAVE NOT YET BEEN CONFIRMED AS ENFORCEABLE, for the offences referred to in Chapter I, Title II of the Second Book of the Penal Code ("Offences committed by Public Officials against the Public Administration"), and/or have been the subject of the following rulings concerning the application of security and prevention measures, civil decisions or administrative measures entered in the judicial record pursuant to current legislation (including those for which the court has granted non-registration in the judicial record and/or conditional suspension of the penalty):

(indicate the complete list of the above convictions or measures, and for each indicate the responsible court and its seat)

- 1) _____;
2) _____;
3) _____;

(tick and complete ONE of the following declarations)

- ☐ **I am NOT aware** of any pending criminal proceedings against me;

or

- ☐ **I AM AWARE** of the following criminal proceedings pending against me:

Identification of the judicial proceeding	_____
Type of offence	_____
Judicial body responsible for the proceedings	_____

(Italian citizens only - tick ONE of the following declarations)

- ☐ **I AM** registered in the electoral roll (persons entitled to express their preference in a vote for election) for the Municipality of _____;

or

- ☐ **I am NOT** registered, or I have been deleted from the electoral roll, for the following reasons:

_____;

(tick ONE of the following declarations)

- ☐ **I have NOT been** dismissed, declared disqualified or terminated from employment for having been recruited through the production of false documents or documents that are invalid with no possibility of remedy, or for having carried out activities incompatible with the employment relationship with the Public Administration or with entities governed by private law but under public control;

or

- ☐ **I HAVE been** dismissed, declared disqualified or terminated from employment for having been recruited through the production of false documents or documents that are invalid with no possible remedy invalidity or for having carried out activities incompatible with the employment relationship with the Public Administration or with entities governed by private law but under public control;

(tick and complete ONE of the following declarations)

- ☐ Over the past three years, **I have NOT** exercised authoritative or negotiating powers over the Edmund Mach Foundation (Article 53, paragraph 16 ter of Legislative decree 165/2001);

or

- ☐ Over the past three years, **I HAVE** exercised authoritative or negotiating powers over the Edmund Mach Foundation (Article 53, paragraph 16 ter of Legislative decree 165/2001):

(list all of the public administrations or companies where you have held positions with authoritative or negotiating powers over the Edmund Mach Foundation)

- 1) _____;
2) _____;
3) _____;

(tick and complete ONE of the following declarations)

- ☐ **I am NOT** aware any relationships of marriage, cohabitation or family relationship up to the fourth degree with employees, ongoing consultants, directors or members of the supervisory bodies of the Edmund Mach Foundation;

or

- ☐ **I AM** aware of relationship(s) of marriage, cohabitation or family relationship up to the fourth degree with employees, ongoing consultants, directors or members of the supervisory bodies of the Edmund Mach Foundation:

(list all such relationships with name, family and if known, date of birth)

- 1) _____;
2) _____;
3) _____;

- ☐ I am aware that if there exists any case, during the last 5 years prior to my possible recruitment, that I have been dismissed for justified subjective reason or just cause, or have had an employment relationship terminated in application of Article 32 quinquies of the Italian Criminal Code, or because of failure to pass the probationary period for a relationship of indefinite duration and requiring the same qualifications as for this current recruitment, then the existence of such case entails the impossibility of being recruited. I therefore declare that I am not in this situation;

- ☐ I am in full compliance with any military service obligations (i.e. fulfilled/ not subject to military service);

- ☐ I am available to travel to any of the Foundation's offices in the province where I will be employed.

FURTHER DECLARATIONS

☐ **I HOLD** one of the following driving licenses (*in the case of holding a license, tick the appropriate classification*):

Class	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> C1	<input type="checkbox"/> D	<input type="checkbox"/> D1
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☐ **I am enrolled in a professional association** (*compile below in the case of registry in any legally recognised professional/ technical order(s)*):

Professional/technical order	
State/region/province	
Date of registration (dd/mm/yyyy) and nr.	

☐ **I AM NOT** a retired employee of a public administration or private company;

☐ **I AM** a retired employee of a public administration or private company;

☐ **I AUTHORIZE**, if suitable in the ranking of this selection, the transmission of my contacts (email and mobile number) to the Autonomous Province of Trento or its provincial instrumental bodies when they are requested by them in order to draw on the ranking for a job offer;

☐ **I DO NOT AUTHORIZE**, if suitable in the ranking of this selection, the transmission of my contacts (email and mobile number) to the Autonomous Province of Trento or its provincial instrumental bodies when they are requested by them in order to draw on the ranking for a job offer;

☐ **I BELONG** to the category of people with specific learning disorders (SLD), referred to in Law No. 170 of 8 October 2010, who are guaranteed equal opportunities to access the labour market, avoiding any form of discrimination thanks to methods for conducting tests and interviews capable of enhancing their skills and the safe use of support tools and measures fitting the functional profile and the individual needs. He/she accordingly requests application of the following compensatory and dispensatory measures if indicated in the SLD certification annexed to the application and in any event specified below:

- 1) _____;
- 2) _____;
- 3) _____.

(Failure to issue such statement will be equated to the manifestation of will not to benefit from it)

☐ **I BELONG** to one of the categories referred to in Law no. 68/99 – e.g. persons with disabilities (ascertained disability at least 46%), persons disabled due to workplace incidents (ascertained disability at least 34%), persons disabled due to incidents in war or civil service, persons with sight or hearing disability;

☐ **I BELONG** to one the categories referred to in Article 18 of Law 68/99 – e.g. *children or spouses of persons who died due to workplace incidents, war or civil service, or as a result of the aggravation of a disability resulting from such circumstances; children or spouses of persons recognised as severely disabled as a result of workplace incidents, war or civil service; Italian refugees arriving from foreign States;*

☐ I am aware that on the closing date for submitting applications, as well as on the date of recruitment, I must meet all the requirements laid out in the Recruitment Announcement. I therefore declare that I am aware that I must promptly inform the Edmund Mach Foundation of any change of the data in these present declarations:

☐ I am aware of and have read the contents of the "Regulations for the selection of human resources at the

Edmund Mach Foundation" referred to in the webpage:

<https://www.fmach.it/eng/General-Services/Work-with-us/Documents-of-Reference/Procedure-for-the-recruitment-of-human-resources>;

- ☐ I am aware that the Edmund Mach Foundation has implemented a Model of Organization, Management and Control (MOG) ex d.lgs. n. 231/2001 integrated with the Plan for the Prevention of Corruption and Transparency (PPCT) and therefore commits itself to the general and specific principles contained therein:

<https://trasparenza.fmach.it/Amministrazione-Trasparente/Disposizioni-general/Atti-general/Atti-amministrativi-general/Modello-di-Organizzazione-Gestione-e-Controllo-ex-D.-Lgs.-231-2001-MOG>

- ☐ I am aware that the Edmund Mach Foundation has adopted a Code of Ethics and Conduct, and I therefore undertake to respect the Code and not to behave in any way that induces the Edmund Mach Foundation, its directors, managers, employees or collaborators to violate the principles contained therein:

<https://trasparenza.fmach.it/Amministrazione-Trasparente/Disposizioni-general/Atti-general/Atti-amministrativi-general/Atti-di-regolazione-regolamenti-procedure/Regolamento-di-organizzazione-e-funzionamento/Allegato-B-Regolamenti-per-il-funzionamento-della-Fondazione/Allegato-B.2-Regolamento-Codice-dei-valori-e-dei-comportamenti-della-Fondazione-Edmund-Mach>

- ☐ In submitting this application, I have read the information on the processing of personal data, in accordance with EU Regulation 2016/679 (GDPR), as set out in the Privacy Policy referred to in the webpage:

<https://www.fmach.it/eng/General-Services/Work-with-us/Information/Information-about-the-processing-of-personal-data>

- ☐ I agree that the Edmund Mach Foundation may carry out verifications of the declarations made herein; and, if requested by the foundation, I agree to provide further documentation proving the facts, conditions or personal qualities which are not demonstrated by the official certificates and documents that I provide in accompaniment to these current declarations.

- ☐ I am aware that these declarations must be accompanied by:

- a) **A copy of a valid identity document;**
- b) **My curriculum vitae;**
- c) **Any copy of the SLD certification with the envisaged compensatory and dispensatory measures**

Place and date of signing _____

Signature in original¹ _____

¹Pursuant to Article 38(2) of Presidential Decree 445/2000, any declarations in lieu of affidavits/certificates must be signed by the person concerned and submitted together with a copy (not notarised or official) of their valid identity document.