

To the DIRECTOR GENERAL
"G. d'ANNUNZIO" UNIVERSITY
C.A. RECRUITMENT PERSONNEL OFFICE
TAB E CEL
VIA DEI VESTINI N. 31
66100 CHIETI

I/THE UNDERSIGNED _____ APPLY FOR
ADMISSION IN THE SELECTION ANNOUNCEMENT BASED ON QUALIFICATIONS AND
EXAMINATIONS TO RECRUIT N. 1 RESEARCH TECHNOLOGIST ON A PART-TIME 50% FIXED-TERM
CONTRACT (salary scale D4), FOR 36 MONTHS, AT THE "G. d'ANNUNZIO" UNIVERSITY OF CHIETI-
PESCARA, IN ORDER TO CARRY OUT TECHNICAL AND ADMINISTRATIVE SUPPORT ACTIVITIES
FOR RESEARCH THROUGH LEGAL ACCOUNTING ACTIVITIES RELATED TO THE PROJECT
"INNOVATION ECOSYSTEM: INNOVATION, DIGITALISATION AND SUSTAINABILITY FOR THE
DIFFUSED ECONOMY IN CENTRAL ITALY (VITALITY)", IN THE THREE ERC SCIENTIFIC MACRO-
AREAS LS – LIFE SCIENCES, PE – PHYSICAL SCIENCES AND ENGINEERING E SH -SCIENCES AND
HUMANITIES, PURSUANT TO ART. 24-BIS OF LAW N. 240 OF 30.12.2010, TO THE NATIONAL
COLLECTIVE BARGAINING AGREEMENT OF 19.04.2018 SINCE COMPATIBLE, AND TO THE
NATIONAL COLLECTIVE BARGAINING AGREEMENT OF 16.10.2008 FOR THE PARTS STILL
APPLICABLE

Selection Announcement Code: 2022-05TECN-VIT

(Ref.: D.D. prot. n. 63029 del 9/9/2022, rep. n. 372/2022, published in the Official Journal of the Republic (G.U.) IV
special selection and examinations series n. 72 of 9/9/2022).

I declare, pursuant to and the effects of Art.46 and 47 of the Presidential Decree 445/2000 and under my
personal responsibility, aware that making false statements or submitting false documents is a crime
punishable by law, as indicated in art. 76 of Presidential Decree 445 of 28 December 2000:

SURNAME	<input type="text"/>	
NAME	<input type="text"/>	
PLACE OF BIRTH AND PROVINCE	<input type="text"/>	PROV.
FOREIGN BIRTH PLACE	<input type="text"/>	
DATE OF BIRTH	<input type="text"/>	
FISCAL CODE	<input type="text"/>	
CITY OF RESIDENCE AND POSTAL CODE	<input type="text"/>	C.A.P.
ADDRESS	Via <input type="text"/>	n. <input type="text"/>
EMAIL ADDRESS AND TELEPHONE NUMBER	e-mail <input type="text"/>	tel. <input type="text"/>
CERTIFIED EMAIL ADDRESS (PEC)	<input type="text"/>	

**ADDRESS TO WHICH ALL COMMUNICATION REGARDING THIS COMPETITION SHOULD BE SENT IF DIFFERENT FROM
ABOVEMENTIONED ADDRESS:**

ADDRESS	Via <input type="text"/>	n. <input type="text"/>
CITY AND POSTAL CODE	<input type="text"/>	c.a.p. <input type="text"/>

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N.B. FILL IN SPACE AVAILABLE

ACADEMIC QUALIFICATIONS REQUIRED FOR ADMISSION IN THE SELECTION ANNOUNCEMENT

Master's Degree ex D.M.
n.270/2009 in
Economics/Management/Law
or Second-cycle Specialist Degree
(Laurea Specialistica ex D.M. n.
509/1999)
Diploma di Laurea prior to D.M.
509/99 - Old Order

Awarded on

Mark

Location

FOREIGN ACADEMIC QUALIFICATION:

I declare to hold the following Foreign Qualification

equivalent to the following Italian academic qualification:

Indicate details of the statement of
degree comparability or equivalency

OR

I declare to have applied for a statement of degree equivalency required by this selection announcement according to the procedures pursuant art. 38 Legislative decree. n. 165/2001 (*indicate date of application of equivalency if applicable*)

- Enrollment in the Order of Healthcare Technicians of Medical Radiology and Medical Professions, Rehabilitation and Prevention for the exercise of the profession of medical radiology technician (*please indicate the Order and possible registration number/code*)
.....
.....
(pursuant to art. 5, paragraph 2 of Legislative Decree C.P.S. 13/09/1946, no. 233 as amended by art. 4 of Law 11 January 2018, no. 3 and pursuant to the Decree of the Ministry of Health 13.3.2018 - art. 1, paragraph 4).

- THAT I AM AN ITALIAN CITIZEN;

or

THAT I HAVE THE FOLLOWING CITIZENSHIP [specify which condition indicated in note (a)]

- THAT I AM ON THE ELECTORAL REGISTER OF THE MUNICIPALITY OF

or

or that I am not on the register for the following reasons

- THAT I HAVE NO CRIMINAL RECORD AND THAT I AM NOT AWARE OF ANY CRIMINAL PROCEEDINGS PENDING AGAINST ME;

OR

THAT I HAVE A CRIMINAL RECORD AND/OR I HAVE CRIMINAL PROCEEDINGS PENDING AGAINST ME;

[specify criminal records and any criminal proceedings pending(b)].....

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• **THAT MY MILITARY SERVICE STATUS IS** (for those born in 1985 or earlier):
(deferred; exempted; discharged; awaiting call; other)

• **THAT I HAVE NEVER BEEN DISMISSED, REMOVED OR FIRED FROM A JOB IN A PUBLIC ADMINISTRATION DUE TO PERSISTENTLY INADEQUATE PERFORMANCE, OR LOST A CIVIL SERVICE JOB PURSUANT TO ART.127, PAR. 1, LETTER D) OF PRESIDENTIAL DECREE NO.3 OF 10/01/57 or FOR HAVING OBTAINED THE JOB THROUGH THE PRODUCTION OF FALSE DOCUMENTS OR BY FRAUDULENT MEANS;**

• **THAT I HAVE WORKED FOR THE FOLLOWING PUBLIC ADMINISTRATION with employment contracts as indicated in Art. 2, paragraph B, point n. 10 “public employment contracts, specifically fixed-term/permanent contracts, as employee of any Public Administration bodies”** (indicate period):.....

• **THAT I FALL INTO THE FOLLOWING CATEGORIES GIVEN PREFERENCE IN THE CASE OF EQUAL MERIT (as indicated in Annex 1 of the present selection announcement):**

• **TO BE PHYSICALLY SUITABLE FOR THE POSITION;**

• **THAT I HAVE NO RELATIONSHIP OF CONSANGUINITY OR AFFINITY UP TO AND INCLUDING THE FOURTH DEGREE, WITH THE RECTOR, THE DIRECTOR GENERAL OR THE MEMBERS OF THE BOARD OF ADMINISTRATION OR PROFESSOR FROM THE PROPOSING DEPARTMENT;**

SECTION RESERVED FOR CANDIDATES WITH DISABILITIES:

PURSUANT TO LAW 104/1992, I DECLARE:

THAT I HAVE A CERTIFIED DISABILITY (degree of disability:%) (*)

and require the following assistanceand/or additional time of

(I attach: n..... certificate/s issued by the Local Health Authority responsible for that territory, pursuant to Articles 4 and 20 of Law n.104/92, concerning assistance, additional time and exemption from pre-selection test).

THAT I AM AFFECTED BY THE FOLLOWING DISORDER WHICH LIMITS MY AUTONOMY and I wish to be assisted by personnel assigned by the University.

() candidates with a degree of disability equal to or superior to 80% are not obligated to take any eventual pre-selection tests and are directly admitted to the written examination., upon presentation of medical and health documentation proving pathology and degree of disability, provided by ASL or equivalent public health facility.*

SECTION RESERVED FOR CITIZENS OF THE EUROPEAN UNION OR THIRD COUNTRIES:

THAT I ENJOY CIVIL AND POLITICAL RIGHTS IN MY COUNTRY;

(or specify reasons if you do not enjoy these rights)

THAT I FULFIL ALL THE OTHER REQUIREMENTS AS ITALIAN NATIONALS;

THAT MY KNOWLEDGE OF ITALIAN IS ADEQUATE.

THE UNDERSIGNED DECLARES TO ACCEPT UNCONDITIONALLY ALL THE CLAUSES OF THE PRESENT SELECTION ANNOUNCEMENT AND TO HAVE READ THE INFORMATION SHEET REGARDING THE HANDLING OF PERSONAL DATA, “INFORMATION ON SELECTION PROCEDURES-EMPLOYEE AREA” PUBLISHED ON THE UNIVERSITY WEBSITE AT: WWW.UNICH.IT/PRIVACY.

I DECLARE THAT I AM AWARE THAT, UPON TAKING DUTY, I MUST NOT HAVE ANY OF THE INCOMPATIBLE SITUATIONS AS INDICATED IN THE CURRENT LEGISLATION AND IN ART. 7 OF THIS SELECTION ANNOUNCEMENT.

I, THE UNDERSIGNED, ATTACH THE FOLLOWING:

- unstamped photocopy of a valid ID DOCUMENT (front and back);
- receipt proving the payment of € 10,00 dated
- ANNEX B, self-drafted certification and statutory declaration (art. 46; art. 19 and 47 of Presidential Decree 28/12/2000, n. 445) filled in and signed.

SIGNATURE

Date

.....

(a) *The following candidates can be admitted to the selection, pursuant to Art. 38 of Legislative Decree n. 165/2001, amended by Art. 7 Law n. 97/2013:*

- *Citizens of one of the state members of the EU;*
- *Family members of citizens of one of the EU state members who do not have EU citizenship but hold a stay permit or a permanent stay permit;*
- *third-country nationals with a long-term EU permit of stay, with refugee status, or with subsidiary protection status;*

(b) *indicate any convictions issued by the Judiciary Authority and the date of the sentences (even if amnesty, remission, pardon, or judicial plea-bargaining was granted etc.); indicate any criminal proceedings pending and the relative Judiciary Authority.*