

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 FULL-TIME FIXED-TERM
CONTRACT (salary scale D3), FOR 18 MONTHS, AT THE DEPARTMENT OF MEDICINE AND AGING
SCIENCES OF THE "G. d'ANNUNZIO" UNIVERSITY OF CHIETI-PESCARA, IN ORDER TO CARRY OUT
TECHNICAL AND ADMINISTRATIVE SUPPORT ACTIVITIES FOR "OBESITY, NUTRITION, DIET,
METABOLIC DISEASES, NEOPLASMS: TECHNOLOGICAL, CYTOMORPHOLOGICAL, OMICS, AND
THERAPEUTIC ASPECTS" IN THE PROJECT "INNOVATION ECOSYSTEM: INNOVATION,
DIGITALISATION AND SUSTAINABILITY FOR THE DIFFUSED ECONOMY IN CENTRAL ITALY
(VITALITY) – CUP D73C2200084000", 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: 2023-1TECN-VIT-01DMSI

(Published in the Official Journal of the Republic (G.U.) IV special selection and examinations series n. 84 of
November 3, 2023).

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
ABOVENTIONED ADDRESS:**

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

N.B. FILL IN SPACE AVAILABLE

ACADEMIC QUALIFICATIONS REQUIRED FOR ADMISSION IN THE SELECTION ANNOUNCEMENT

CODE 2023-1TECN-VIT-01DMSI

Master's Degree ex D.M. n 270/2004 (Laurea Magistrale)
or
Second-cycle Specialist Degree (Laurea Specialistica ex D.M. n. 509/1999)
or
Diploma di Laurea prior to D.M. 509/99 - Old Order(ART. 1, p. a) del bando)

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*)

TOGETHER WITH:

PROFESSIONAL QUALIFICATION IN _____ OBTAINED
ON _____ AT _____;

- 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 NOT BEEN CONVICTED OF ANY CRIMINAL OFFENSES BY A FINAL JUDGMENT AND THAT HE/SHE HAS NO PENDING CRIMINAL PROCEEDINGS OR ADMINISTRATIVE PROCEEDINGS FOR THE APPLICATION OF SECURITY OR PREVENTION MEASURES, AS WELL AS CRIMINAL RECORDS THAT CAN BE ENTERED IN THE CRIMINAL RECORD PURSUANT TO ARTICLE 3 OF PRESIDENTIAL DECREE NO. 313 OF NOVEMBER 14, 2002;

or, if not

THAT I HAVE CRIMINAL CONVICTIONS AND/OR PROCEEDINGS AGAINST THEM AND ANY PREVIOUS CRIMINAL RECORD;

[specify the criminal convictions and proceedings against you and any previous criminal record, specifying the date of the measure, the judicial authority that issued it or the one before which any criminal proceedings are pending]

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- THAT I NOT TO HAVE BEEN BARRED FROM THE POLITIC ACTIVE ELECTORATE;
- THAT I HAVE NEVER BEEN DISMISSED OR DISQUALIFIED FROM EMPLOYMENT WITH A PUBLIC ADMINISTRATION FOR PERSISTENT INADEQUATE PERFORMANCE, BY VIRTUE OF SECTORAL REGULATIONS, OR DISMISSED FOR THE SAME REASONS, OR FOR DISCIPLINARY REASONS IN ACCORDANCE WITH CURRENT LEGAL OR CONTRACTUAL REGULATIONS, OR DECLARED DISQUALIFIED FOR HAVING OBTAINED THE APPOINTMENT OR EMPLOYMENT THROUGH THE PRODUCTION OF FALSE DOCUMENTS OR DOCUMENTS VITIATED BY IRREMIEDIABLE NULLITY, AS WELL AS THAT THEY HAVE NOT BEEN CONVICTED WITH A FINAL JUDGMENT FOR CRIMES THAT CONSTITUTE AN IMPEDIMENT TO EMPLOYMENT WITH A PUBLIC ADMINISTRATION;
- THAT I HAVE THE FOLLOWING PREFERENCES IN PAIRS OF TITLES AND 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 YES NO
(or specify reasons if you do not enjoy these rights)

THAT I FULFIL ALL THE OTHER REQUIREMENTS AS ITALIAN NATIONALS YES NO
(or specify reasons if you do not enjoy these rights)

THAT MY KNOWLEDGE OF ITALIAN IS ADEQUATE YES NO
(or specify reasons if you do not enjoy these rights)

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.

Date

SIGNATURE

(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.