

To the attention of:
EDMUND MACH FOUNDATION
 Directorate General
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)	_____
Italian province or, if not applicable, State	_____
national tax code	_____
Citizenship	_____
Resident in (provide the State)	_____
Street address	_____
Postal code, city	_____
Currently domiciled in (provide the State)	_____
Street address	_____
Postal code, city	_____
Telephone	_____
Mobile telephone	_____
Email	_____

pursuant to Articles 46 and 47 of Presidential Decree 445/2000, in submitting my application, under my own personal responsibility, and 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

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:
 N. 1 (one) temporary position for 24 months as Fourth level researcher (R4) in the field of
 animal ecology (300_CRI_RAE)**

DECLARATION OF POSSESSION OF ADMISSION REQUIREMENTS

that I possess all of the following specific requirements indicated in the Announcement:

Certificates of education (*within Italian educational system*):

Master degree (or equivalent ≥ 4 years degree) in	_____
Awarded on (date dd/mm/yyyy)	_____
By the institution	_____
With the overall grade	_____
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:	
Master degree (or equivalent ≥ 4 years degree) in	_____
Awarded on (date dd/mm/yyyy)	_____
By the institution	_____
At address	_____
With overall grade	_____

- I know the following languages with the levels of knowledge corresponding to the Common European Framework of Reference for Languages (CEFR) level (A1, A2, B1, B2, C1, C2), which I declare under penalty of exclusion, and in particular that I know English (minimum level corresponding to B2):

Language	Level	Certificate (if held) and date of exam
English	_____	_____
_____	_____	_____
_____	_____	_____

DECLARATION OF GENERAL REQUIREMENTS

(tick and complete ONE of the following declarations)

- I am an Italian citizen, with the benefit of full civil and political rights within the State of Italy, whether belonging to the Republic, or not;

or

- I am a citizen of a European Union Member State or other State (name of the State): _____, where:

- I enjoy full civil and political rights (or else indicate the reasons for not enjoying full rights) _____;

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

(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 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)

During 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)*;

In the event of recruitment, I am available to take service at Edmund Mach Foundation premises.

DECLARATION OF OTHER CERTIFICATIONS

In particular, I possess the following additional certifications relevant to the pre-selection of candidates under the Recruitment Announcement:

<input type="checkbox"/> that I possess the following PhD Title:	
Title of the PhD	_____
Awarded on (date dd/mm/yyyy)	_____
By the institution	_____
With overall grade	_____

Working experience in the field of Animal Ecology in Research Institutes, Conservation Institutes or Universities:

Indicate the period		Research Institutes, Conservation Institutes or Universities	Area (Animal Ecology)
from (dd/mm/yyyy)	to (dd/mm/yyyy)		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Peer-reviewed published or accepted papers in the last 5 years (from 2016 until 2021) in the field of Animal Ecology, Bio-Logging, Movement Ecology:

Author/s	Publication title	DOI	Year of publication	Journal	IF Year of Publication
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Participation in international conferences in the last 5 years (from 2016 until 2021) in the field of Animal Ecology, Bio-Logging, Movement Ecology:

Conference title	Contribution title	Type of contribution (oral or poster)	Field (Animal Ecology, Bio-Logging, Movement Ecology)
_____	_____	<input type="checkbox"/> oral <input type="checkbox"/> poster	_____
_____	_____	<input type="checkbox"/> oral <input type="checkbox"/> poster	_____
_____	_____	<input type="checkbox"/> oral <input type="checkbox"/> poster	_____
_____	_____	<input type="checkbox"/> oral <input type="checkbox"/> poster	_____
_____	_____	<input type="checkbox"/> oral <input type="checkbox"/> poster	_____
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_____	_____	<input type="checkbox"/> oral <input type="checkbox"/> poster	_____
_____	_____	<input type="checkbox"/> oral <input type="checkbox"/> poster	_____
_____	_____	<input type="checkbox"/> oral <input type="checkbox"/> poster	_____
_____	_____	<input type="checkbox"/> oral <input type="checkbox"/> poster	_____

Teaching experience, invited seminars, workshop attendance in the last 5 years (from 2016 until 2021) in the field of data management and analysis:

Type (teaching experience, invited seminar, workshop attendance)	Title	Type of contribution
_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant
_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant
_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant
_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant
_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant
_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant
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_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant
_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant
_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant
_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant
_____	_____	<input type="checkbox"/> teacher/lecturer <input type="checkbox"/> participant

FURTHER DECLARATIONS

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

European Union Driving License (specify the 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
Other International Driving Licence	_____					

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)	_____
Registration no.	_____

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 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 provided in these 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/Regulations-for-the-recruitment-of-human-resources>;

I am aware that the Edmund Mach Foundation has implemented an Organisation, Management and Control Model pursuant to Legislative Decree no. 231/2001 and I therefore undertake to respect the general and specific principles contained therein;

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;

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.**

Place and date of signing _____ **Signature¹** _____

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.