

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 21 months\* as Third level Researcher (R3) in the field of targeted and untargeted metabolomics, analysis of foods and plant material (303\_CRI\_TUM)**

**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*):

<b>Master of Science degree in</b>	_____
<b>Degree thesis title</b>	_____
<b>Awarded on (date dd/mm/yyyy)</b>	_____
<b>By the institution</b>	_____
<b>With the overall grade</b>	_____
<b>Type</b>	<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)*

that I possess the following qualification awarded by a non-Italian higher education institute:

<b>Master of Science degree in</b>	_____
<b>Awarded on (date dd/mm/yyyy)</b>	_____
<b>By the institution</b>	_____
<b>At address</b>	_____
<b>With overall grade</b>	_____

that I possess the following PhD Title:

<b>Title of the PhD</b>	_____
<b>PhD thesis title</b>	_____
<b>Research field</b>	_____
<b>Awarded on (date dd/mm/yyyy)</b>	_____
<b>By the institution</b>	_____
<b>With overall grade</b>	_____

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Experience in research, acquired after the Master, in metabolomics with autonomous use of LC-MS instruments and documented experience in method development/validation and data mining. This experience can be included in the PhD activity only if the candidate has worked, during the PhD, in metabolomics with autonomous use of LC-MS or instruments and in method development/validation and data mining:

*(to compile for requirements admission and title evaluation)*

Indicate the period		Research Institutes, Conservation Institutes or Universities	Experience in
from (dd/mm/yyyy)	to (dd/mm/yyyy)		
_____	_____	_____	<input type="checkbox"/> Autonomous use of LC-MS instruments <input type="checkbox"/> Method development/validation <input type="checkbox"/> Data mining
_____	_____	_____	<input type="checkbox"/> Autonomous use of LC-MS instruments <input type="checkbox"/> Method development/validation <input type="checkbox"/> Data mining
_____	_____	_____	<input type="checkbox"/> Autonomous use of LC-MS instruments <input type="checkbox"/> Method development/validation <input type="checkbox"/> Data mining
_____	_____	_____	<input type="checkbox"/> Autonomous use of LC-MS instruments <input type="checkbox"/> Method development/validation <input type="checkbox"/> Data mining
_____	_____	_____	<input type="checkbox"/> Autonomous use of LC-MS instruments <input type="checkbox"/> Method development/validation <input type="checkbox"/> Data mining
_____	_____	_____	<input type="checkbox"/> Autonomous use of LC-MS instruments <input type="checkbox"/> Method development/validation <input type="checkbox"/> Data mining
_____	_____	_____	<input type="checkbox"/> Autonomous use of LC-MS instruments <input type="checkbox"/> Method development/validation <input type="checkbox"/> Data mining
_____	_____	_____	<input type="checkbox"/> Autonomous use of LC-MS instruments <input type="checkbox"/> Method development/validation <input type="checkbox"/> Data mining
_____	_____	_____	<input type="checkbox"/> Autonomous use of LC-MS instruments <input type="checkbox"/> Method development/validation <input type="checkbox"/> Data mining
_____	_____	_____	<input type="checkbox"/> Autonomous use of LC-MS instruments <input type="checkbox"/> Method development/validation <input type="checkbox"/> Data mining

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**Training course, summer school or master in metabolomics with High Resolution High Accuracy Hybrid mass spectrometer, and/or Tandem Mass Spectrometer (triple quadrupole):**

Title	Type	Date	Field
_____	<input type="checkbox"/> Training course <input type="checkbox"/> Summer school <input type="checkbox"/> Master	_____	<input type="checkbox"/> High Resolution High Accuracy Hybrid mass spectrometer <input type="checkbox"/> Tandem Mass Spectrometer (triple quadrupole)
_____	<input type="checkbox"/> Training course <input type="checkbox"/> Summer school <input type="checkbox"/> Master	_____	<input type="checkbox"/> High Resolution High Accuracy Hybrid mass spectrometer <input type="checkbox"/> Tandem Mass Spectrometer (triple quadrupole)
_____	<input type="checkbox"/> Training course <input type="checkbox"/> Summer school <input type="checkbox"/> Master	_____	<input type="checkbox"/> High Resolution High Accuracy Hybrid mass spectrometer <input type="checkbox"/> Tandem Mass Spectrometer (triple quadrupole)
_____	<input type="checkbox"/> Training course <input type="checkbox"/> Summer school <input type="checkbox"/> Master	_____	<input type="checkbox"/> High Resolution High Accuracy Hybrid mass spectrometer <input type="checkbox"/> Tandem Mass Spectrometer (triple quadrupole)
_____	<input type="checkbox"/> Training course <input type="checkbox"/> Summer school <input type="checkbox"/> Master	_____	<input type="checkbox"/> High Resolution High Accuracy Hybrid mass spectrometer <input type="checkbox"/> Tandem Mass Spectrometer (triple quadrupole)
_____	<input type="checkbox"/> Training course <input type="checkbox"/> Summer school <input type="checkbox"/> Master	_____	<input type="checkbox"/> High Resolution High Accuracy Hybrid mass spectrometer <input type="checkbox"/> Tandem Mass Spectrometer (triple quadrupole)
_____	<input type="checkbox"/> Training course <input type="checkbox"/> Summer school <input type="checkbox"/> Master	_____	<input type="checkbox"/> High Resolution High Accuracy Hybrid mass spectrometer <input type="checkbox"/> Tandem Mass Spectrometer (triple quadrupole)
_____	<input type="checkbox"/> Training course <input type="checkbox"/> Summer school <input type="checkbox"/> Master	_____	<input type="checkbox"/> High Resolution High Accuracy Hybrid mass spectrometer <input type="checkbox"/> Tandem Mass Spectrometer (triple quadrupole)

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**Experience (as a contributor) in the use of public repositories for metabolomic data and metadata:**

Type	Title	Type of contribution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**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;

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*(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) \_\_\_\_\_;

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*(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	_____

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*(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:  
 \_\_\_\_\_;

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*(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;

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*(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) \_\_\_\_\_;

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*(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) \_\_\_\_\_;

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- 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;

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

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

#### FURTHER DECLARATIONS

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

<b>European Union Driving License (specify the Class)</b>	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> C1	<input type="checkbox"/> D	<input type="checkbox"/> D1
<b>Other International Driving Licence</b>	_____					

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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)*):

<b>Professional/technical order</b>	_____
<b>State/region/province</b>	_____
<b>Date of registration (dd/mm/yyyy)</b>	_____
<b>Registration no.</b>	_____

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- 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;

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- 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;

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**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;*

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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

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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>;

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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;

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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;

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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>

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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.

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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** \_\_\_\_\_ **Signature<sup>1</sup>** \_\_\_\_\_

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<sup>1</sup>Pursuant 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.