To the attention of:

FONDAZIONE EDMUND MACH

Human Resources Division

Via E. Mach 1, San Michele all'Adige, 38098 Trento, Italy

RE: Application in response to the Recruitment Announcement of the Edmund Mach Foundation, pursuant to Article 14, paragraph 6, of the Foundation Procedure 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)	
in (Italian province or country)	
National tax code (if applicable)	
Citizenship	
Registered as a resident in	
(street address, city,	
country, postal code)	
Current address (if different	
from above)	
Telephone number	
(landline)	
Telephone number	
(cell/mobile)	
Email address	
Certified email (PEC) (if	
available)	

in accordance with Articles 46 and 47 of the 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 in accordance with Article 76 of the same Presidential Decree 445/2000

I DECLARE:

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

for the purposes applying to the recruitment announcement:

N. 4 (four) temporary positions as Fourth level researcher (R4) for up to 36 months* or to the end of the project in the field of: applied biology, agricultural sciences, dairy sciences and microbiology, food chemistry, food science and technology, consumer's science - selection for the creation of a list of people for temporary positions

(337_CRI_ONFOODS)

PROJECT PREFERENCES

It is requested that you choose at least 1 project; however, you can also choose all projects numbering them in order of preference:

CHOOSE	PROJECT NAME
••••	Project 1: High-throughput food volatilome analysis for safety assessment and new product development (traditional and novel foods)
••••	Project 2: Consumer perception and acceptability of food innovation and food safety of novel foods
••••	Project 3: Food safety and quality of Traditional and Novel Foods
	Project 4: Food Quality and Nutrition

DECLARATION OF POSSESSION OF ADMISSION REQUIREMENTS

I that I possess all of the	following requirements as indicated in the Announcement:
equivalent' 1st cyc food science and to	level of ≥4 years from an Italian university (or other national 'Bologna procescle academic degree) in: biology, agriculture, chemistry, analytical chemistry echnology, pharmaceutical science, cognitive science, statistical science, animologies, biotechnology, physics:
Laurea (or Master degree) certificate in	
Awarded on (date dd/mm/yyyy)	
By the institution	
With the overall grade	
Thesis title]
Thesis abstract	
Туре	☐ Italian Laurea vecchio ordinamento ☐ Italian Laurea specialistica - LS (indicate number) ☐ Italian Laurea magistrale - LM (indicate number) ☐ Other national 'Bologna process equivalent' 1st cycle academic degree (indicate name)

hat I possess the foll her education institu	te(s):		
Name of degree			
Awarded on (date			
dd/mm/yyyy)			
By the university			
(or other			
institution)			
At (address of			
university or other			
institution)			
With overall mark			
or grade			
Thesis title			
Thesis abstract			
Self-declaration of			
Self-declaration of	L confirm that I possess a 4 year	or qualification with the e	panivalent academic
equivalence with	☐ I confirm that I possess a 4-ye.	ar qualification with the e	equivalent academic
	☐ I confirm that I possess a 4-ye background of a Master degree.	ar qualification with the e	quivalent academic
equivalence with Italian master's degree that I possess the follocation institute(s):		•	
equivalence with Italian master's degree hat I possess the foll leation institute(s): Tertiary education	background of a Master degree.	•	
equivalence with Italian master's degree that I possess the follocation institute(s): Tertiary education graduation	background of a Master degree.	•	
equivalence with Italian master's degree that I possess the follocation institute(s): Tertiary education graduation certificate in	background of a Master degree.	•	
equivalence with Italian master's degree that I possess the follocation institute(s): Tertiary education graduation certificate in (subject):	background of a Master degree.	•	
equivalence with Italian master's degree that I possess the follocation institute(s): Tertiary education graduation certificate in (subject): Awarded on (date	background of a Master degree.	•	
equivalence with Italian master's degree that I possess the follocation institute(s): Tertiary education graduation certificate in (subject): Awarded on (date dd/mm/yyyy)	background of a Master degree.	•	
equivalence with Italian master's degree that I possess the follocation institute(s): Tertiary education graduation certificate in (subject): Awarded on (date dd/mm/yyyy) By (full name of	background of a Master degree.	•	
equivalence with Italian master's degree that I possess the follocation institute(s): Tertiary education graduation certificate in (subject): Awarded on (date dd/mm/yyyy) By (full name of institution)	background of a Master degree.	•	
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(copy/paste the table as needed if in possess of more than one)

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_	ications relev	ant to the pre-	-selection of candidate	
		1		
years of doct (s) as indicat	oral work eved in the box	ven if the Phi kes "Keyword	D is not completed) ds" and "Description	
Research institution, university or		or	D' 11	
compa	ny		Field	
			n the topics covered of the research work'	
	rch institutio compa	rch institution, university company	rch institution, university or company	

☐ Oral communications at scientific conferences on the topics covered by the subproject(s) as indicated in the boxes "Keywords" and "Description of the research work":

Contribution title	Conference title
Contribution title	Connecence title
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	· ————————————————————————————————————
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Project, period	Role	Sector
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I BELONG to one of the categories referred t disability at least 46%), persons disabled due to vidisabled due to incidents in war or civil service,	workplace incidents (ascertained disabili	ty at least 34%), person
I BELONG to one the categories referred to in who died in workplace accidents, war or civil s from such circumstances; children or spouses of incidents, war or civil service; Italian refugees as	ervice, or as a result of the aggravation persons recognised as severely disabled	of a disability resulting

I AM AWARE that on the closing date for sumust meet all the requirements laid out in the R that I must promptly inform the Edmund M declaration;	ecruitment Announcement. I therefore	declare that I am awar

I AM AWARE OF and have read the contents Edmund Mach Foundation" referred to in the us/Documents-of-Reference/Procedure-for-the-red	webpage: <u>https://www.fmach.it/eng/Ger</u>	

I AM AWARE that the Fondazione E. Mach Model pursuant to Legislative Decree no. 231 specific principles contained therein;	1	C

I AM AWARE that the Fondazione E. Mach undertake to respect the Code and not to behav managers, employees or collaborators to violate	e in any way that induces the Fondazior	

In submitting this application, I have read the with EU Regulation 2016/679 (GDPR), as set of		
https://www.fmach.it/eng/General-Services/Work-wit	h-us/Information/Information-about-the-proc	essing-of-personal-data

I AGREE that the Fondazione E. Mach undert FEM, I agree to provide further documentation ot demonstrated by the official certificates and	n proving the facts, conditions or pers	onal qualities which as

☐ I AM AWARE that the present declaration must be submitted with:

- a) A copy of a valid identity document (identity card or passport)
- b) A complete and detailed curriculum vitae.

Signed at (place) ______ on (date dd/mm/yyyy)_____

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.