

## Application Form

Required fields

Name and surname _____
Date of birth: ____/____/____
Birth place: _____ _____
<input type="checkbox"/> M <input type="checkbox"/> F
Identification document _____ Nr _____
Full address: _____ _____
Telephone number (home or mobile): _____
Email address: _____

**I request** to be admitted to participate in the selection process for Researcher marine and coastal lagoon; for this purpose, under my own personal responsibility,

**I declare:**

- to be eligible to work in the EU;
- not to have criminal proceedings and does not have a criminal record that except rehabilitation, may prevent the establishment and maintenance of an employment relationship by a Public Administration;
- of not having been dismissed from employment in public administration or decayed for presenting false documents nor to have been banned from public office by a final court judgment;

- to acknowledge that the publication on the site [www.fondazioneimc.it](http://www.fondazioneimc.it) of all the information regarding the selection will constitute notification to all intents and purposes;
- to acknowledge, in accordance with art. 13 of Italian Legislative Decree 196/2003, that the IMC Foundation will use the data provided by the undersigned only in the context of the present selection procedure.
- to unconditionally accept all the provisions of this selection procedure.

**Attached to this application:**

- Curriculum Vitae
- copy of an identity document
- consent to the processing of data pursuant to Art. 13 Decree 196/2003 (Annex 1)

Other (specify) \_\_\_\_\_

place and date \_\_\_\_\_

signature

\_\_\_\_\_