**ATTACHMENT 1**

**Al CREA FL - Centro di ricerca**

**Foreste e Legno**

**Viale Santa Margherita, 80**

**52100-Arezzo**

[**fl@pec.crea.gov.it**](mailto:fl@pec.crea.gov.it)

The undersigned ………………………….……….…………………, place of birth ………………………………………..……, date of birth …………..……. city of residence …………………………………… province (country) ……………………, address …………………………………………………, house n° …………………ZIP code……………….

Tax ID Code……………………………………..country code and telephone number.………………………. E-mail ..................................................PEC.....................................

APPLIES

For participation in this open selection, based on the evaluation of qualifications and the results of an oral exam, whose purpose is the awarding of 1 grant **– Selection FL\_09-2022.**

To this aim, the undersigned hereby declares that he/she is aware of the criminal sanctions provided for by art. 76 of Presidential Decree (D.P.R.) n. 445 of December 28th, 2000 for false declarations in personal declarations of certification or declarations in substitution of attested affidavit and

STATES, under his/her own responsibility and for the purposes of self certification that he/she:

* is a citizen of ………………………………………………………….;
* has obtained a university degree (or equivalent qualification) in (country)…………………………………...…on (date) …………………………… from the faculty of ……………………. of the University of final score……………...;
* has not been [convicted or found guilty of any criminal offence](https://context.reverso.net/traduzione/inglese-italiano/convicted+or+found+guilty+of+any+criminal+offence) and is not currently the object of any criminal proceedings (if you have been convicted or you are the object of criminal proceedings, please state the name of the criminal offence and the nature of the pending criminal proceedings)
* has a good knowledge of spoken and written English
* has a good knowledge of Italian (in case of foreign citizens)
* has not entered fixed-term contracts, employer-coordinated freelance work contracts, agency-coordinated contracts, professional consultancy and work contracts with CREA
* has not been the beneficiary of CREA research grants/scholarships whose duration, if added to the duration of the current research grant, exceeds 35 months. This condition may result in exclusion, because the duration of the research grant cannot be shortened
* is/is not willing to undergo an additional foreign language exam (in French, Spanish, or German)
* is (or is not) a permanent employee of the Public Administration
* authorises the processing of her/his personal data, as per the General Data Protection Regulation di n. 679/2016 – GDPR

The applicant hereby attaches the following documents:

* a complete photocopy of a valid identification document
* the applicant’s scientific and professional curriculum (on plain paper, with date and signature)
* qualifications and certificates concerning the applicant’s post-university professional scientific activity as a researcher carried out in Italy or abroad
* any publications
* a list of all documents, qualifications, certificates and publications submitted (att.2)
* a declaration in substitution of attested affidavit stating conformity of copies to the original document (att. 4)
* a personal declaration of certification for documents, qualifications and certificates not submitted as original documents or copies, and undertakes to send the original documents or certified copies in case he/she is awarded the grant (att.3)

**The applicant asks to send any notifications regarding the current selection to the following address:……………..………………………………..……………………….………………………Tel.……………………………….…..e-mail……………………………PEC …………………….…… and undertakes to notify any changes of residence or domicile in a timely fashion.**

Place and date: …………………………..

# Applicant’s signature **(\*\*)**

# (failure to sign may cause the application to be considered null and void)

…………………………………………………….…

**(\*\*)** The signature must not be authenticated

**ATTACHMENT 2**

**LIST OF QUALIFICATIONS AND DOCUMENTS**

SUBMITTED BY ………………………………………..……..……………………….............................

FOR THE AWARDING OF THE GRANT REGARDING:

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Date, ……………….. …………………………….

(signature)

**ATTACHMENT 3**

PERSONAL DECLARATION OF CERTIFICATION

as per art. 46 of Presidential Decree N°445 of December 28th, 2000

The undersigned ………………………….……….…………………, place of birth …………………………, date of birth …………..……. city of residence …………………………………… province (country) ……………………, address …………………………………………………, house n° …………………ZIP code……………….

hereby declares that he/she is **aware** of the criminal liability provided for by art. 76 of Presidential Decree D.P.R. n. 445 /2000 for any false declarations; under his/her own responsibility he/she

DECLARES THAT

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Place and date, ..………………

Signature …………………………………………………

**ATTACHMENT 4**

DECLARATION IN SUBSTITUTION OF ATTESTED AFFIDAVIT

as per art. 47 of Presidential Decree N°445 of December 28th, 2000

The undersigned ………………………….……….…………………, place of birth …………………………………….……, date of birth …….……. city of residence …………………………………… province (country) ……………………, address …………………………………………………, house n° …………………ZIP code……………….

hereby declares that he/she is **aware** of the criminal liability provided for by art. 76 of Presidential Decree D.P.R. n. 445 /2000 for any false declarations; under his/her own responsibility he/she

**Declares the conformity of the following copies to the original documents:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………”

Place and date, ..………………

Signature

…………………………………………………

* **N.B.: a complete photocopy of a valid identification document must be attached to this declaration.**