**APPENDIX A**

EXAMPLE OF THE APPLICATION TO BE SENT ON PLAIN PAPER BY E-MAIL

To the Director of the

Department of Anatomical, Histological, Forensic and Orthopedic Sciences

Sapienza – Università di Roma

Via A Borelli, 50

00161 ROMA

I, the undersigned .................................................................................…………………., born in

.................................. state .................... on ...................., resident in ..................................................................

Street ............................................................... ZIP code ...........

asks to take part in the selection procedure, via qualifications and interview, for the temporary research associate position – “Assegno di Ricerca” (n. 1), Research Project…………

Scientific Sector ……… in the Department of Anatomical, Histological, Forensic and Orthopedic Sciences”,

Sapienza, University of Rome. Selection Procedure n. …..

To this end, according to articles 46 and 47 of D.P.R. n. 445, dated 28/12/2000, and being fully aware that false declarations are punished under Criminal Law and by specific laws, I declare that I:

1) graduated in (Master degree) ............................................ (Univ.) ......................…...........……

2) hold a PhD degree in .........………............……………… (Univ.)......................................... or, for the appropriate sectors, to have a medical specialization Diploma and of an adequate scientific productivity, or to be a researcher with extensive experience also because has held the following previous faculty positions in Universities, research bodies, Applied research Institutions, public or private, abroad or, for non permanent

positions, in Italy ………………………..;

3) am a citizen of ...............................................................…………………………….……….

4) enjoy political rights;

5) he had never been convicted of criminal offenses and not having pending criminal proceedings and administrative services for the implementation of security measures or prevention , or to have on your own criminal record registrable in the criminal records pursuant to art . 686 of the Code of Criminal Procedure.

Otherwise , indicate the date of the order and the court that issued it (also indicate whether any amnesties , pardons , amnesty judicial , not mention etc . ) And / or criminal proceedings ............... ;

6) not to accumulate taxable income Gross annual salaried employment , as defined by art . 49 of the Income Tax Code Title I, Chapter IV , exceeding Euro 16,000.00 ;

7) am not the recipient any other fellowship of any sort or that I am prepared to renounce to such grant should I be selected in this procedure; am not enrolled in any degree course, Mater course, PhD school or specialization school with a fellowship in Italy or abroad, in University post-graduate Masters;

8) am not a member of staff of bodies listed in art.. 22, comma 1, of Law 240/2010;

9) to carry out the following working activity at ……………… (specify the employer if a public institution or a private company and typology of contract)…………………………….;

10) not to be a relative of any Professor of the Department of Anatomical, Histological, Forensic and Orthopedic Sciences (up to 4th degree included) or of the Rector, General Director, or any member of the Administrative Council of the University.

11) want to receive notifications regarding this selection procedure at the following e-mail address

...................………......

According to the Law n. 104, dated 5/2/1992 disabled candidates should make a specific request if assistance is needed to take part in the interview.

I, the undersigned, include in this application (in PDF format):

1) copy of a valid identification document

2) declaration of the enrolment in a PhD program without fellowship and/or activity as “assegnista di ricerca”, when this is the case (Appendix B);

3) Documents and certificates that are considered relevant to the competition ( specialist diplomas , certificates of attendance of post-graduate courses in Italy or abroad, scholarships or research appointments achieved both in Italy and abroad);

4) CV of my scientific and professional activity dated and signed;

5) Scientific publications.

In addition, I consent that my personal information can be handled, for the purposes for this procedure according to D. Lgs. n. 196/2003,

Date ............................ Signed...................................................

(Not requiring authenticity certificate, art, 39 of the D.P.R. 28.21.2000 no. 445)

**APPENDIX B**

**SUBSTITUTIVE DECLARATION OF CERTIFICATION**

**(ART. 46 D.P.R. n. 445, DATED 28/12/2000)**

I, the undersigned …………………………………………… born on ………………… in

………………………..……….…… ……...................... (state) ............... tax code identification, fully aware of the penal sanctions in the case of false declarations and false documents, art. 76 D.P.R. n 445, dated 28/12/2000 and according to art. 22 of Law 240/2010

**DECLARE**

to be enrolled in the ….. Phd program without fellowship from …..……………to…………………….

(total months/years) by ................

to have received temporary research associate positions “assegni di ricerca” according to the law

240/2010:

from ………….……………….. to …………..…………………… (total months/years ………………..)

by ..…...……………………………………………………………………………………………

from ………….……………….. to …………..…………………… (total months/years ………………..)

by ..…...……………………………………………………………………………………………

from ………….……………….. to …………..…………………… (total months/years ………………..)

by ..…...……………………………………………………………………………………………

I have never received research temporary research associate positions “assegni di ricerca” according to the law 240/2010; to have been Research Assistant ( fixed term) according to art. 24 of the Law 240/2010:

from ………….……………….. to …………..…………………… (total months/years ………………..)

by ..…...……………………………………………………………………………………………

from ………….……………….. to …………..…………………… (total months/years ………………..)

by ..…...……………………………………………………………………………………………

to have never been Research Assistant (fixed term) according to art. 24 of the Law 240/2010

Indicate leave of absence periods for maternity leave or illness according to the current legislature:

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

In addition, I declare to be informed, according to D. Lgs. n. 196/2003, that my personal information will be handled, also via electronic storage and transfer, exclusively for the purposes for which this declaration has been made.

Place and date …..……….…… (SIGNATURE) …..……….………………..

**Appendix C**

**DECLARATION**

I declare that I have read and accept the rules of the employees of Sapienza. (<http://www.uniroma1.it/sites/default/files/DR1528-2015-CodiceComportamento.pdf>)

Place and date …..……….…… (SIGNATURE) …..……….………………..