

Reserved for official use
Ref. _____
Date _____

**To The Director-General
of the University of Trieste
Recruitment and Training Dept.
Piazzale Europa, 1 - 34127 Trieste, Italy**

The undersigned requests to be admitted to the public selection, based on qualifications and examinations, for the engagement of 1 temporary level II technologist, part-time 50%, contest sector 06/A4 - pathological anatomy – 06/D4 - skin diseases, infectious diseases and digestive system diseases, for the duration of 18 months, possibly renewable, at the Clinical University Department of Medical, Surgical and Health Sciences of the University of Trieste, established by the Decree of the Director-General no. 1199/2017 of date 21st November 2017 and to this end declares, at his/her own responsibility, the following:

LAST NAME _____
FIRST NAME _____
GENDER: M <input type="checkbox"/> F <input type="checkbox"/> DATE OF BIRTH _____
PLACE OF BIRTH _____ PROV. or STATE _____
TAX CODE _____
RESIDENT IN _____ PROV. or STATE _____
ADDRESS _____ POST CODE _____
PHONE _____ MOBILE _____
EMAIL/CERTIFIED EMAIL _____
<input type="checkbox"/> ADDRESS for registered letters/telegrams (if other than residential address, indicate such here below):
TOWN _____ PROV. or STATE _____
ADDRESS _____ POST CODE _____

Educational qualification (indicate only that required by art. 2 a) of the notice of selection):
Bachelor's degree _____
achieved in the year _____ with grade ____/_____
at _____
professional qualification in _____
obtained on date _____ from _____
For qualifications obtained abroad:
diploma recognized as equivalent to the Bachelor's degree _____
from the University of _____ on date _____, or having requested on date _____ the equivalence to the Civil Service, in accordance with art. 38 of Decree Law 165/2001.

Italian nationality:	YES <input type="checkbox"/>	NO <input type="checkbox"/> Indicate nationality and reason (art. 2 c) _____
For nationals of other Member States of the EU: Nationality _____		
Do you have adequate knowledge of the Italian language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have civil and political rights in your home country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have civil and political rights?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Reason _____

Signature

Registration on electoral lists	YES <input type="checkbox"/>	Municipality _____
	NO <input type="checkbox"/>	Reason _____

Prior criminal record or criminal proceedings pending	NO <input type="checkbox"/>	Which _____
	YES <input type="checkbox"/>	

Military status (for those born up to 1985): (only for Italian citizens)	Exempt <input type="checkbox"/>
	Performed <input type="checkbox"/>
	Other <input type="checkbox"/> _____

Need for the following help and additional time necessary for exam: (If Yes, attach the certificate issued by the competent local public health facility in accordance with Law 104/92)
NO <input type="checkbox"/>
YES <input type="checkbox"/> _____

QUALIFICATIONS FOR PREFERENCE AND/OR PRECEDENCE IN THE APPOINTMENT (among those indicated in art. 9 of the notice of selection):
NO <input type="checkbox"/>
YES <input type="checkbox"/> Which _____

SERVICES PERFORMED FOR THE PUBLIC ADMINISTRATION:
NO <input type="checkbox"/>
SI <input type="checkbox"/> (item to be detailed in Appendix A o B)

The undersigned also declares at his/her own responsibility:

1. to have read and agreed fully and unconditionally all the contents of the notice of selection referred to in DDG [Director-General Decree] no. 1199/2017 of date 21st November 2017;
2. to have read that, pursuant to art. 8 of the notice of selection, at date 14th December 2017 on the Official Register of the University, link www.units.it/ateneo/albo/, on the website of the University of Trieste, www.units.it, link "Contests, selections and consultations", the following will be published: the results of the evaluation of the qualifications and the place of the oral test;
3. to be aware that, pursuant to art. 8 of the notice of selection, the publication of the above timings is a valid notification to all intents and purposes;
4. to have not been dismissed or retired from employment with a public administration for persistent poor performance and not to have lost other state employment according to art. 127 d) of the Consolidated Law [T.U.] approved by Presidential Decree 10 January 1957, no. 3, as amended, for having obtained employment through production of faked or counterfeit documents attesting incurable invalidity;
5. to be aware that the Administration does not assume liability for the loss of communications due to an incorrect address provided by the candidate or absence of or late notification of change of address indicated in the application, nor for any postal or telegraph errors or errors otherwise attributable to third parties, unforeseeable circumstances or force majeure;
6. to be aware that all communications regarding the above-mentioned notice will be published in the Official Register of the University of Trieste, link: www.units.it/ateneo/albo/, and on the website of the University of Trieste: www.units.it, link: University » Contests, selections and consultations » Contests and Selections » Technical, Administrative and Managerial Staff;
7. to agree to notify promptly, with the same arrangements made for the submission of the application (art. 3 a), b) and c) of the notice of selection), any changes in the address indicated above that may occur after the date of presentation of this application;
8. to authorize the University of Trieste to use the data contained in this application for the management of the engagement procedure, pursuant to Decree Law no. 196/2003, as amended;
9. to have attached to this application the following documents:
 - a. Photocopy, front and back, of a valid identity document;
 - b. Copy of the receipt of the transfer of Euro 5.00 to the current account IBAN IT 19 M 02008 02223 000 003 623 364 in the name of the University of Trieste with the following reference "Concorso tecnologo DSM 2017" and the *first and last names of the participant*;
 - c. Curriculum vitae;
 - d. Appendix A (for photocopied qualifications);
 - e. Appendix B (for self-certificated qualifications).

Date _____

Signature

IN CASE OF HAND DELIVERY OF THE APPLICATION, PLEASE ALSO FILL OUT THIS FORM

The undersigned (*) _____ born in _____ on _____ presented today this application for participation in the public selection, based on qualifications and examinations, for the engagement of 1 temporary level II technologist, part-time 50%, contest sector 06/A4 - pathological anatomy – 06/D4 - skin diseases, infectious diseases and digestive system diseases, for the duration of 18 months, possibly renewable, at the Clinical University Department of Medical, Surgical and Health Sciences of the University of Trieste, established by the Decree of the Director-General no. 1199/2017 of date 21st November 2017.

(*) Indicate the name of the person registering for the selection.

Date, _____

THE RECEIVING OFFICIAL

DECLARATIONS IN LIEU OF CERTIFICATIONS

(Presidential Decree no. 445 of 28 December 2000 and subsequent amendments)

The undersigned _____ born in _____ on _____, aware of the penalties in the case of false declarations regarding education or use of false documents, referred to in art. 76 of Presidential Decree 28 December 2000 no. 445, as amended, for the purpose of participation in the public selection, based on qualifications and examinations, for the engagement of 1 temporary level II technologist, part-time 50%, contest sector 06/A4 - pathological anatomy – 06/D4 - skin diseases, infectious diseases and digestive system diseases, for the duration of 18 months, possibly renewable, at the Clinical University Department of Medical, Surgical and Health Sciences of the University of Trieste, established by the Decree of the Director-General no. 1199/2017 of date 21st November 2017, declares to be in possession of the following qualifications:

a) Educational qualifications: (among those as per art. 2 a) of the notice of selection):

Bachelor's degree _____ obtained from _____ in the year _____ with grade _____/_____

For qualifications obtained abroad: degree recognised as equivalent to Bachelor's degree _____ from the University of _____ on date _____, or having requested on date _____ such equivalence of the Civil Service, in accordance with art. 38 of Decree Law 165/2001.

Other additional educational qualifications as per art. 6 a) of the notice of selection:

- detailed description of the educational qualification to be evaluated _____

- detailed description of the educational qualification to be evaluated _____

- detailed description of the educational qualification to be evaluated _____

b) Services performed as per art. 6 b) of the notice of selection:

- contract type _____
type of activity _____
start ___/___/___ end ___/___/___

- contract type _____
type of activity _____
start ___/___/___ end ___/___/___

- contract type _____
type of activity _____
start ___/___/___ end ___/___/___

The declarer

- contract type _____
type of activity _____
start ___/___/___ end ___/___/___

- contract type _____
type of activity _____
start ___/___/___ end ___/___/___

- contract type _____
type of activity _____
start ___/___/___ end ___/___/___

- contract type _____
type of activity _____
start ___/___/___ end ___/___/___

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start ___/___/___ end ___/___/___

- contract type _____
type of activity _____
start ___/___/___ end ___/___/___

- contract type _____
type of activity _____
start ___/___/___ end ___/___/___

- contract type _____
type of activity _____
start ___/___/___ end ___/___/___

d) Other additional qualifications as per art. 6 c) of the notice of selection:

- detailed description of the qualification to be evaluated _____

- detailed description of the qualification to be evaluated _____

The declarer

- detailed description of the qualification to be evaluated _____

- detailed description of the qualification to be evaluated _____

- detailed description of the qualification to be evaluated _____

- detailed description of the qualification to be evaluated _____

- detailed description of the qualification to be evaluated _____

Date, _____

The declarer