



## APPENDIX A

### EXAMPLE OF THE APPLICATION TO BE UNDERSIGNED, SCANNED, AND SENT BY E-MAIL

To the Director of SBAI Department  
Sapienza – Università di Roma  
Via Scarpa, 16  
00161 ROMA - Italy  
MAIL: [assegniricercasbai@sbai.uniroma1.it](mailto:assegniricercasbai@sbai.uniroma1.it)

I, the undersigned \_\_\_\_\_,  
born in \_\_\_\_\_ Country \_\_\_\_\_ 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”), Scientific Sector \_\_\_\_\_, Selection Procedure n. \_\_\_\_\_ published on \_\_\_\_\_, SBAI Department, Sapienza University of Rome.

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:

a) I graduated in (Master degree) \_\_\_\_\_  
University \_\_\_\_\_ Date \_\_\_\_ Mark \_\_\_\_\_

b) I hold a Ph.D. degree in \_\_\_\_\_  
(University) \_\_\_\_\_ 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 \_\_\_\_\_;

c) I am (co-)author of the following publications:

- 1) Title \_\_\_\_\_ Type (article, proceeding, chapter in book, etc.) \_\_\_\_\_ Name of the journal/book \_\_\_\_\_  
Volume \_\_\_\_ (or edited by \_\_\_\_\_ ISSN/ISSN \_\_\_\_\_)  
Year \_\_\_\_\_ pages \_\_\_\_\_ Impact Factor (if applicable) \_\_\_\_\_

[If necessary, add further publications following the same format and numbering]



d) I am a citizen of \_\_\_\_\_

e) I have no criminal convictions and am not involved in current criminal proceedings; OR I have a criminal conviction for \_\_\_\_\_ from \_\_\_\_\_ date \_\_\_\_\_

OR I am involved in current criminal proceedings \_\_\_\_\_;

f) I have voting rights in (Country)\_\_\_\_\_

g) I am not the recipient any other fellowship of any kind or I am prepared to renounce to such fellowship should I be selected in this procedure; I 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;

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

i) I am not a relative of any Professor of SBAI Department (up to 4<sup>th</sup> degree included) or of the Rector, General Director, or any member of the Administrative Council of the University;

j) I want to receive notifications regarding this selection procedure at the following e-mail address: \_\_\_\_\_

k) I am unemployed / I am employed at \_\_\_\_\_ (specify the employer if a public institution or a private company and typology of contract) \_\_\_\_\_;

l) I earn / do not earn more than € 16.000,00 per year before taxes as an employee.

m) I renounce / do not renounce to the 20 days of notice before the interview.

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

3)Appendix C;



4) CV of my scientific and professional activity dated and signed, in text-searchable PDF, in European format, without personal data (only telephone and professional email);

5) Scientific publications.

I consent that my personal information can be handled, for the purposes for this Procedure, according to D. Lgs. n. 196, 30.6.2003.

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**

that:

I am enrolled in the \_\_\_\_\_ Phd program without fellowship  
from \_\_\_\_\_ to \_\_\_\_\_ (total months/years) by \_\_\_\_\_

I 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 \_\_\_\_\_

I have never received research temporary research associate positions “assegni di ricerca”  
according to the law 240/2010;

I 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 \_\_\_\_\_

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

Indicate periods of leave or absence for maternity 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**

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**

that:

I am not to assigned with any task, or carry out any job, for private entities which  
are governed or financed by public bodies, nor I perform any professional activity

I carry out the following jobs, or I am assigned with the following tasks, at private  
entities which are governed or financed by public bodies, or I perform the following  
professional activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attach a copy of the following identity document: \_\_\_\_\_ ,  
n. \_\_\_\_\_ , issued by \_\_\_\_\_  
on \_\_\_\_\_ .

Place and date \_\_\_\_\_

Signature \_\_\_\_\_