



APPLICATION FOR THE POSITION OF CHIEF OF STAFF TO THE EXECUTIVE PRESIDENT

The undersigned

NAME _____

SURNAME _____

APPLIES TO PARTICIPATE IN THE SELECTION PROCESS FOR THE POSITION OF CHIEF OF STAFF TO THE EXECUTIVE PRESIDENT PUBLISHED ON THE FONDAZIONE BBS WEBSITE ON 27 JANUARY, WITH REFERENCE CODE 2026D-01.

FOR THIS PURPOSE, UNDER HIS/HER OWN RESPONSIBILITY AND AWARE OF THE CONSEQUENCES IN THE EVENT OF FALSE STATEMENTS, HE/SHE DECLARES THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND IN THE ATTACHED CURRICULUM VITAE IS TRUE AND CORRECT (PURSUANT TO PRESIDENTIAL DECREE NO. 445/2000).

DATE OF BIRTH _____

PLACE OF BIRTH _____

PROVINCE _____

CITIZENSHIP _____

PROVINCE _____

POSTAL CODE _____

ADDRESS _____

NUMBER _____

PLACE OF DOMICILE (IF DIFFERENT FROM RESIDENCE) _____

PROVINCIA _____

CAP _____

ADDRESS _____

N. CIVICO _____

CITIZENSHIP _____

DECLARES THAT HE/SHE HAS NOT BEEN CONVICTED OF ANY CRIMINAL OFFENCES AND IS NOT SUBJECT TO MEASURES RELATING TO THE APPLICATION OF PREVENTIVE MEASURES, CIVIL JUDGMENTS, OR ADMINISTRATIVE ORDERS RECORDED IN THE CRIMINAL RECORDS, PURSUANT TO THE APPLICABLE LEGISLATION

SI

NO

SE NO TO THE PREVIOUS ITEM, PLEASE STATE _____

DECLARES THAT HE/SHE IS NOT AWARE OF ANY PENDING CRIMINAL PROCEEDINGS

SI

NO

IF NO, PLEASE INDICATE WHICH _____

POSSESSION OF THE REQUIREMENTS INDICATED IN THE SELECTION NOTICE
EDUCATIONAL QUALIFICATION _____

OBTAINED AT _____

DATE _____

GRADE _____



PERSON WITH DISABILITY

SI NO

REQUIRES THE FOLLOWING ASSISTIVE DEVICE _____

I DECLARE THAT I ELECT THE FOLLOWING DOMICILE FOR COMMUNICATIONS RELATING TO THE SELECTION PROCESS:

ADDRESS _____

NUMBER _____

MUNICIPALITY _____

PRIVINCE _____

POSTAL CODE _____

TELEPHONE _____

MOBILE PHONE _____

EMAIL _____

I ATTACH TO THIS APPLICATION A COPY OF A VALID IDENTIFICATION DOCUMENT.

I GIVE MY CONSENT FOR THE PERSONAL DATA I HAVE PROVIDED TO BE PROCESSED IN COMPLIANCE WITH LEGISLATIVE DECREE 101/2018 AND ARTICLE 13 OF GDPR 679/2016 FOR PURPOSES RELATED TO THIS PROCEDURE.

THE DATA CONTROLLER IS FONDAZIONE BOLOGNA UNIVERSITY BUSINESS SCHOOL, VILLA GUASTAVILLANI, VIA DEGLI SCALINI 18, 40136 BOLOGNA (BO), AND THE DATA PROCESSOR IS THE PERSON APPOINTED PURSUANT TO THE DECREE, WHOSE NAME IS AVAILABLE AT THE FOUNDATION'S OFFICES.

DATE _____

SIGNATURE _____

I ATTACH TO THIS APPLICATION MY DATED AND SIGNED CURRICULUM VITAE; I DECLARE THAT ALL INFORMATION CONTAINED THEREIN IS TRUE AND CORRECT, AND THAT ANY ATTACHED PHOTOCOPIES ARE TRUE COPIES OF THE ORIGINALS (PURSUANT TO PRESIDENTIAL DECREE NO. 445/2000).

DATE _____

SIGNATURE _____