



APPLICATION FOR THE POSITION OF DIRECTOR OF CORPORATE PARTNERSHIP & BUSINESS DEVELOPMENT

The undersigned

NAME

SURNAME

APPLIES TO PARTICIPATE IN THE SELECTION PROCESS FOR THE POSITION
OF DIRECTOR OF CORPORATE PARTNERSHIP & BUSINESS DEVELOPMENT
PUBLISHED ON THE FONDAZIONE BBS WEBSITE ON 9 FEBRUARY WITH
REFERENCE CODE 2026D-02

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

POSTAL CODE

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

☐
YES

☐
NO

SE NO TO THE PREVIOUS ITEM, PLEASE STATE

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

☐
YES

☐
NO

IF NO, PLEASE INDICATE WHICH

POSSESSION OF THE REQUIREMENTS INDICATED IN THE SELECTION
NOTICE
EDUCATIONAL QUALIFICATION

OBTAINED AT

DATE

GRADE



PERSON WITH DISABILITY

YES ☐ NO ☐

REQUIRES THE FOLLOWING ASSISTIVE DEVICE _____

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

ADDRESS _____

NUMBER _____

MUNICIPALITY _____

PROVINCE _____

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 _____