

**APPLICATION FOR THE POSITION OF PROFESSIONAL NETWORK AND COMMUNITY
MANAGER**

I, the undersigned

FIRST NAME

SURNAME

apply for the selection process for the position of Professional Network and Community Manager published on the *Fondazione BBS* website on February 25, 2017 with the code no. 2017D-02.

To this end, I hereby certify under my own personal responsibility and aware of the consequences of false declarations, that the information herewith and reported in the attached curriculum vitae is true (pursuant to Presidential Decree no. 445/2000):

DATE OF BIRTH

PLACE OF BIRTH

PROVINCE

RESIDENCE (TOWN)

PROVINCE

POSTCODE

ADDRESS

NO.

DOMICILE (IF DIFFERENT FROM HOME ADDRESS)

PROVINCE

POSTCODE

ADDRESS

NO.

CITIZENSHIP

POSSESSION OF THE REQUIREMENTS SPECIFIED IN THE SELECTION NOTICE

YES

NO

QUALIFICATION

OBTAINED AT

DATE

FINAL GRADE

DISABILITY

YES

NO

NEED OF THE FOLLOWING DEVICE

I declare that the following address shall be used for communications concerning the selection:

ADDRESS

NO.

TOWN

PROVINCE

POSTCODE

PHONE NUMBER

MOBILE

EMAIL

I herewith attach a copy of a current valid identity document.

I give my consent to process the personal data I have provided in compliance with Legislative Decree no. 196/2003 for the purposes related to this procedure. The Data Controller is Fondazione Bologna University Business School, Villa Guastavillani, Via degli Scalini 18, 40136 Bologna (BO). The Data Processor is the person appointed pursuant to the Decree and whose name is available at the premises of the Fondazione.

DATE

SIGNATURE

I herewith attach my curriculum vitae with date and signature and declare that all the information provided is true, as well as that any attached photocopy is a certified true copy of the original document, pursuant to Presidential Decree no. 445/2000.

DATE

SIGNATURE