

FORM F1	REQUEST FOR ENTRY
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The undersigned, _____ signature _____

As a participant in the recruitment and selection process, knowing that false declarations are punishable in accordance with Article 326 of Law no. 286/2009 on the Criminal Code and understanding that any omission or incorrectness in the presentation of information constitutes false statements and is punishable under the law, I hereby declare, at my own risk, the following:

SECTION 1			
CONTACT DATA			
First and last name			
Telephone		E-mail	

SECTION 2					
LOCALISATION OF CANDIDACY					
I would like to participate in the selection and nomination procedure of the candidates for the position of member of the Board of Directors:					
A	<input type="checkbox"/>				
within					
Name of the public undertaking					

STATUTE						
I am a civil servant or a person from other categories of personnel within the public guardianship authority or other public authorities or institutions	YES		NO			
I simultaneously exercise a number of mandates as a member of the Board of Directors and/or as a member of the supervisory board in public enterprises whose headquarters is on the territory of Romania	No mandate	<input type="checkbox"/>	1 mandate		2 mandates	
I am in the 3-year restriction period to exercise a public position from those provided by Art. 1 of Law no. 176/2010 regarding the integrity in exercising public positions and dignities, for amending and supplementing Law no. 144/2007 on the establishment, organization and functioning of the National Integrity Agency, as well as for the amendment and completion of other normative acts	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		

SECTION 3						
DETAILED PROFESSIONAL CAREER (fill in and add rows, if applicable, with your professional experience in the field of completed bachelor's studies)						
University, faculty, for completed bachelor's studies					Title obtained (profile and specialization)	
Crt. no.	Position	Employer	As of	Up to	Duration (in years and months)	Name of the attached supporting document
1						
2						
3						
University, faculty, for other completed bachelor's studies					Title obtained (profile and specialization)	
Crt. no.	Position	Employer	As of	Up to	Duration (in years and months)	Name of the attached supporting document
1						
2						
3						

SECTION 4		
Master (domain and university)	MBA/EMBA domain and institution)	PhD (domain and institution)

SECTION 5						
Professional experience (fill in reverse chronological order and add rows if necessary. Summarize your experience with the same employer by different positions in a single row)						
Total seniority (in years and months)						
Crt. no.	Position	The Company	As of	Up to	Duration (in years and months)	Name of the attached supporting document
1						
2						
3						

SECTION 6						
MANAGEMENT AND/OR ADMINISTRATION EXPERIENCE (fill in the positions of middle manager, top manager, mandated director and/or administrator in reverse chronological order and add rows if applicable. Summarize the experience with the same employer by different positions in one row)						
Total seniority (in years and months)						
No. crt.	Position	The Company	As of	Up to	Duration (in years and months)	Name of the attached supporting document
1						
2						
3						

SECTION 7					
INFORMATION CONCERNING THE CONTRACTS OF MANDATE					
Mandates in Boards of Directors/ Directorates/Supervisory Boards/ Directors currently held (each mandate will be specified for its duration)					
Mandate type		Public Enterprise		Period	
Mandates in Boards of Directors/ Directorates/Supervisory Boards/ Directors held in the past (each mandate will be specified for its duration)					
Mandate type		Public Enterprise		Period	
SECTION 8					
PEOPLE WHO CAN GIVE REFERENCES ABOUT ME					
(fill in the requested information after you have previously obtained the consent of these persons for the use of their contact details and they have assumed FORM F4 “CONSENT TO THE PROCESSING OF PERSONAL DATA”)					
Crt. no.	First and last name	Institution/Enterprise	Telephone number	E-mail address	Relation
1					
2					
I give my consent for the specified persons to be contacted and I declare that I have obtained the consent of the specified persons for which I attach Form F4 Consent to the processing of personal data				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>