

FORM 3: Declaration for evaluation

I, _____, Personal Identification No. _____, declare on my own responsibility that I am aware of the purposes, duration, procedures used, risks, benefits, limits of participation in the evaluation organized for the position of administrator for S.N.T.G.N. TRASNGAZ S.A., as well as the right to withdraw at any time from participation in the evaluation procedure.

I agree to be examined in the interview and selection tests under the following conditions:

1. The evaluation is carried out before my recommendation for the position of administrator with mandate of S.N.T.G.N. TRANSGAZ S.A.
2. It is carried out in order to determine my capabilities in relation to the requirements of this position.
3. The results of the tests run and the recommendations that will be made will be notified to those for whom I will be working/provide services. I agree that, under the laws, the results obtained may be processed for statistical purposes.
4. I have attended the selection interview well-rested and have not had any alcohol in the last 24 hours. I do not suffer from any chronic diseases, have no physical conditions and I am not under medication that could influence the results of the evaluation. I have been informed that I have to bring along glasses or hearing aids (if applicable).
5. I agree with the recording of the interview for the position of administrator in S.N.T.G.N TRANSGAZ S.A.

Date _____

Signature _____