

FORM F1

APPLICATION FORM

I, the undersigned, _____, signature _____

As a participant in the recruitment and selection process, knowing that false statements are punishable in accordance with art. 326 of the Criminal Code and understanding that any omission or inaccuracy in the presentation of information constitutes false statements and is punishable according to the law, I hereby declare, on my own responsibility, the following:

SECTION 1			
CONTACT INFORMATION			
Name and surname			
Telephone		Email	

SECTION 2					
LOCATION OF THE APPLICATION					
I want to participate in the recruitment and selection procedure of candidates for the position ...	Within the company/management				
	A1	<input type="radio"/>	Administrator with higher education and at least 7 years of seniority in the field	engineering	<input type="radio"/>
	A2	<input type="radio"/>		economic	<input type="radio"/>
	A3	<input type="radio"/>		legal	<input type="radio"/>
	A4	<input type="radio"/>		social	<input type="radio"/>
	A5	<input type="radio"/>		field of activity of the company/agency for which I apply	<input type="radio"/>
	A6	<input type="radio"/>	Administrator with CAFR certification in financial audit or/and with over 3 years of activity within Audit Committees		
	DG	<input type="radio"/>	Director General		I work within the supervisory public authority of the company for which I am applying
	DEM	<input type="radio"/>	Economic Director		I work in a public institution
	DEC	<input type="radio"/>	Economic Director with an individual employment contract		I am a civil servant
ADN	<input type="radio"/>	Other position of Mandated Director			
Date					

SECTION 3					
ELIGIBILITY					
Please check the situations regarding your professional history, taking into account your current or previous collaboration relationships with the company for which you are applying, which are correlated with the provisions of art. 4 of the Emergency Ordinance no. 109/2011					
A	A1	I am a senator.			<input type="checkbox"/>
	A2	I'm not a senator.			<input type="checkbox"/>
B	B1	I am a deputy.			<input type="checkbox"/>

F1 Form– Application form

*This form is a declaration on my own responsibility and is enforceable against me.

	B2	I am not a deputy.	<input type="checkbox"/>
C	C1	I am a member of the Government.	<input type="checkbox"/>
	C2	I am not a member of the Government.	<input type="checkbox"/>
D	D1	I am prefect/sub-prefect.	<input type="checkbox"/>
	D2	I am not prefect/sub-prefect.	<input type="checkbox"/>
E	E1	I am mayor/deputy mayor.	<input type="checkbox"/>
	E2	I am not mayor/deputy mayor.	<input type="checkbox"/>
F	F1	We have audited the financial statements of the relevant company in any of the last 3 financial years prior to the nomination.	<input type="checkbox"/>
	F2	We have not audited the financial statements of the relevant company in any of the last 3 financial years prior to the nomination.	<input type="checkbox"/>
G	G1	I was convicted of crimes against property by disregarding trust, crimes of corruption, embezzlement, crimes of forgery in documents, tax evasion, crimes provided for by Law no. 129/2019 for the prevention and combating of money laundering and terrorist financing, as well as for amending and supplementing certain normative acts, with subsequent amendments and completions.	<input type="checkbox"/>
	G2	I have not been convicted of crimes against property by disregard of trust, crimes of corruption, embezzlement, crimes of forgery in documents, tax evasion, crimes provided for by Law no. 129/2019 for the prevention and combating of money laundering and terrorist financing, as well as for amending and supplementing certain normative acts, with subsequent amendments and completions.	<input type="checkbox"/>
H	H1	I was sanctioned by the National Bank of Romania, the Financial Supervisory Authority, the National Securities Commission or by the Insurance Supervisory Commission and which can be found in the registers of these institutions.	<input type="checkbox"/>
	H2	I have not been sanctioned by the National Bank of Romania, the Financial Supervisory Authority, the National Securities Commission or by the Insurance Supervisory Commission and which are found in the registers of these institutions.	<input type="checkbox"/>
I	I1	I am eligible to hold the position of administrator or director, according to Law no. 31/1990, republished, with subsequent amendments and completions.	<input type="checkbox"/>
	I2	I am not eligible to hold the position of administrator or director, according to Law no. 31/1990, republished, with subsequent amendments and completions.	<input type="checkbox"/>

SECTION 4

SECTION 4			
Faculty, university and period of study		Title obtained	

SECTION 5

SECTION 5		
Masters degree (domain and university)	MBA/EMBA (field and institution)	PhD (field and institution)

SECTION 6**TOTAL PROFESSIONAL EXPERIENCE**

(Fill in reverse chronological order and add rows if necessary. Summarize experience within the same employer in different positions in a single line)

Total length of service (in years and months)

Tag no.	Position	Company	From	To	Duration (in years and months)	Supporting document attached
1						
2						
3						

SECTION 7**MANAGEMENT AND/OR TOTAL ADMINISTRATION EXPERIENCE**

(Fill in the positions of middle manager, top manager, mandated director and/or administrator in reverse chronological order and add rows if necessary. Summarize experience within the same employer in different positions in a single line)

Total experience (in years and months)

Tag no.	Position	Company	From	To	Duration (in years and months)	Supporting document attached
1						

2						
3						

SECTION 8

INFORMATION ON MANDATE CONTRACTS

Term of office on the Administrative Boards / Boards of Directors / Supervisory Boards / Director currently held (each mandate will be specified for its duration)

Type of mandate	Company / management	Period

Mandates on Administrative Boards / Boards of Directors / Supervisory Boards / Director held in the past (each mandate will be specified how long it lasted)

Type of mandate	Company / management	Period

SECTION 9

INDEPENDENCE

**Please check the situations relating to your current or previous working relationship with the company for which you are applying,
Which are correlated with the provisions of art. 138 index 2 of Law 31/1990**

A	A1	I am a director of the company or of a company controlled by it or I have held such a position in the last 5 years.	<input type="checkbox"/>
	A2	I am not a director of the company or of a company controlled by it and I have not held such a position in the last 5 years.	<input type="checkbox"/>
B	B1	I have been an employee of the company or of a company controlled by it or I have had such an employment relationship in the last 5 years.	<input type="checkbox"/>
	B2	I have not been an employee of the company or of a company controlled by it and I have not had such an employment relationship in the last 5 years.	<input type="checkbox"/>
C	C1	I receive or have received from the company or from a company controlled by it additional remuneration or other benefits, other than those corresponding to my capacity as a non-executive director.	<input type="checkbox"/>
	C2	I do not receive or have not received from the company or a company controlled by it any additional remuneration or other benefits, other than those corresponding to my capacity as a non-executive director.	<input type="checkbox"/>
D	D1	I am a significant shareholder of the company.	<input type="checkbox"/>
	D2	I am not a significant shareholder of the company.	<input type="checkbox"/>
E	E1	I have or have had in the last year business relations with the company or with a company controlled by it, either personally or as an associate, shareholder, administrator, director or employee of a company that has such relations with the company, if, by their substantial nature, they are likely to affect my objectivity.	<input type="checkbox"/>
	E2	I do not have or have not had in the last year business relations with the company or with a company controlled by it, either personally or as an associate, shareholder, administrator, director or employee of a company that has such relations with the company, if, by their substantial nature, they are likely to affect my objectivity.	<input type="checkbox"/>
F	F1	I am a director in another company where a director of the company is a non-executive director.	<input type="checkbox"/>
	F2	I am not a director in another company in which a director of the company is a non-executive director.	<input type="checkbox"/>
G	G1	I was a non-executive director of the company for more than 3 terms.	<input type="checkbox"/>
	G2	I have not been a non-executive director of the company for more than 3 terms.	<input type="checkbox"/>
H	H1	I have family relations with a person in one of the situations provided for in lit. A1 and D1.	<input type="checkbox"/>
	H2	I do not have family relations with a person in one of the situations provided for in lit. A1 and D1.	<input type="checkbox"/>
I	I1	I agree that the persons indicated in the reference section should be contacted.	<input type="checkbox"/>

SECTION 10

PEOPLE WHO CAN GIVE REFERENCES ABOUT ME

(fill in the requested information after having obtained the consent of these persons in advance for the disclosure of their contact details)

Tag no.	Name and surname	Company	Phone Number	Email address	Relationship
1					
2					

SECTION 11

Name and surname			
Signature		Date	