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| **Αριθ. ανακοίνωσης**  ……Φ2…… | C:\Users\Xenonas\Pictures\ΥΠΟΥΡΓΕΙΟ ΕΡΓΑΣΙΑΣ.jpg | | | **Αριθ. πρωτ/λου αίτησης**   .................................. |
| [συμπληρώνεται από τον υποψήφιο] |  | ΑΙΤΗΣΗ – ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ (\*)  για απασχόληση με σύμβαση εργασίας ορισμένου χρόνου  Στις Κοινωνικές δομές αντιμετώπισης της φτώχειας |  | [συμπληρώνεται από το δικαιούχο φορέα] |

[για βοήθεια, ανατρέξτε στις *Οδηγίες συμπλήρωσης αίτησης συμμετοχής σε προκήρυξη για τη στελέχωση των Κοινωνικών δομών στον ιστοχώρο: www.arsis.gr*]

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| **Α. ΔΙΚΑΙΟΥΧΟΣ ΦΟΡΕΑΣ** [αναγράψτε με κεφαλαία γράμματα την επωνυμία του **φορέα έκδοσης της ανακοίνωσης**, στον οποίο απευθύνετε την αίτησή σας] |
| **Κοινωνική οργάνωση ΑΡΣΙΣ** |

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| **Β. ΣΤΟΙΧΕΙΑ ΥΠΟΨΗΦΙΟΥ** [συμπληρώστε κατάλληλα (με κεφαλαία γράμματα, αριθμούς ή το σημείο **Χ**) τα ατομικά σας στοιχεία] | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** Επώνυμο: | | |  | | | | | | **2.** Όνομα: |  | | | | | | | | **3.** Όν. πατέρα: | | | | |  | | | | | |
| **4.** Όν. μητέρας: | | | |  | | | **5.** Ημ/νία γέννησης: | | | |  | / |  | | / |  | |  | | **6.** Φύλο: | | Α |  |  | | Γ |  |  |
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| **7.** Α.Δ.Τ.: |  | | | | | **8.** ΑΜΚΑ: | | | | | | | | **9.** Τόπος κατοικίας: | | | | | | | |  | | | | | |  |
| **10.** Οδός: | |  | | | | | | | | | | | | | | **11.** Αριθ.: | | |  | | | **12.** Τ.Κ.: | | |  | | |  |
| **13.** Τηλέφωνο (με κωδικό): | | | | |  | | | **14.** Κινητό: | |  | | | | | | | **15.** e-mail: | | | |  | | | | | | |  |

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| **Γ. ΒΑΘΜΟΛΟΓΟΥΜΕΝΑ ΚΡΙΤΗΡΙΑ ΕΠΙΛΟΓΗΣ** [συμπληρώστε κατάλληλα (με αριθμό ή με το σημείο **Χ**) τα παρακάτω πεδία με την ελληνική αρίθμηση (**α.**, **β.** κτλ.) σύμφωνα με τις ειδικότερες οδηγίες που σας παρέχονται σε καθεμία από τις έξι κατηγορίες κριτηρίων (**Γ.1.**, **Γ.2.** κτλ.) και **εφόσον** αποδεικνύετε την αντίστοιχη ιδιότητα με τα απαιτούμενα από την ανακοίνωση δικαιολογητικά] |

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| **Γ.1. Κατάσταση ανεργίας** [σημειώστε **Χ** σε **ένα μόνο** από τα παρακάτω τέσσερα πεδία (**α.** ή **β.** ή **γ.** ή **δ.**) ανάλογα με την κατάσταση ανεργίας σας] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **α.** | | **Μακροχρόνια άνεργος**  [για διάστημα > 12 μηνών] | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  | **β.** | | **Βραχυχρόνια άνεργος** | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
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| **Γ.2. Οικογενειακή κατάσταση** [σημειώστε **Χ** σε **ένα μόνο** από τα πεδία (**α.** ή **β.**) και, εφόσον έχετε προστατευόμενα μέλη, συμπληρώστε τον **αριθμό** των προστατευόμενων μελών στο πεδίο **γ.**] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **α.** | | **Μονογονεϊκή οικογένεια** | | | | | | | | | | | | |  |  |  |  | |  |  | |  | | | | | | | | | |  |  |  |  |  |  | **β.** | | **Με προστατευόμενα μέλη**  [αριθμός προστατευόμενων μελών] | | | | | | | | | | | | | | |  |  |  |  |  |
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| **Γ.3. Οικογενειακό εισόδημα** [σημειώστε **Χ** σε **ένα μόνο** από τα παρακάτω πέντε πεδία (**α.** ή **β.** ή **γ.** ή **δ.** ή **ε.**) ανάλογα με το εισόδημα που αποκτήσατε από 01.01.2009 έως και 31.12.2009 (βάσει του εκκαθαριστικού σημειώματος που λάβατε για το οικονομικό έτος 2010] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **α. Έως και 5.000,00€** | | | | | | | | | | | | |  |  |  |  |  |  |  | **β. 5.000,01€ – 10.000,00€** | | | | | | | | | | | | | |  |  |  |  |  |  |  | **γ. 10.000,01€ – 15.000,00€** | | | | | | | | | | | | | | |  |  |  |  |
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|  |  |  |  |  |  |  |  | **δ. 15.000,01€ και άνω** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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| **Γ.4. Εθελοντική δράση** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | **α. Τεκμηριωμένη εθελοντική προσφορά σε συναφείς δράσεις / δομές** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | **β. Τεκμηριωμένη εθελοντική προσφορά** | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
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| **Γ.5. Εργασιακή εμπειρία** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | **α. Εργασιακή εμπειρία (πάνω από τρία χρόνια) σε συναφές με τη θέση αντικείμενο** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | **β. Εργασιακή εμπειρία (ένα με τρία χρόνια) σε συναφές με τη θέση αντικείμενο** | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
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| **Γ.6. Εντοπιότητα** [σημειώστε **Χ** **εφόσον** πληροίτε το κριτήριο της εντοπιότητας όπως περιγράφεται αμέσως παρακάτω] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Είμαι **μόνιμος κάτοικος** του Δήμου στον οποίο υλοποιείται το πρόγραμμα. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
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| **Δ. ΕΠΙΔΙΩΚΟΜΕΝΕΣ ΘΕΣΕΙΣ ΑΠΑΣΧΟΛΗΣΗΣ ΚΑΤΑ ΣΕΙΡΑ ΠΡΟΤΙΜΗΣΗΣ** [δηλώστε **κατά σειρά προτίμησης** ποιες από τις θέσεις απασχόλησης της ανακοίνωσης επιδιώκετε αναγράφοντας για κάθε προτίμησή σας (*1η επιλογή, 2η επιλογή* κ.ο.κ.) τον αντίστοιχο **κωδικό θέσης·** εφόσον επιθυμείτε να δηλώσετε **παραπάνω από είκοσι (20) κωδικούς θέσεων**, χρησιμοποιήστε **νέο έντυπο**] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1η επιλογή** | | | | | | **2η επιλογή** | | | | | | **3η επιλογή** | | | | | | **4η επιλογή** | | | | | | **5η επιλογή** | | | | | | **6η επιλογή** | | | | | | **7η επιλογή** | | | | | | **8η επιλογή** | | | | | | **9η επιλογή** | | | | | | **10η επιλογή** | | | | | |
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| **Ε. ΤΥΠΙΚΑ (και τυχόν πρόσθετα) ΠΡΟΣΟΝΤΑ** [συμπληρώστε μόνο **εφόσον** για τις επιδιωκόμενες θέσεις απασχόλησης **απαιτούνται** τυχόν προσόντα από την ανακοίνωση (π.χ., τίτλος σπουδών, άδεια άσκησης επαγγέλματος, εμπειρία, χειρισμός Η/Υ κ.ά.)] | |
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|  |  | **ΚΑΤΑΛΟΓΟΣ ΣΥΝΗΜΜΕΝΩΝ ΔΙΚΑΙΟΛΟΓΗΤΙΚΩΝ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | [**αριθμήστε σε εμφανές σημείο** καθένα από τα συνυποβαλλόμενα δικαιολογητικά και τα υπόλοιπα έγγραφα που επισυνάπτετε  για την υποστήριξη της υποψηφιότητάς σας και καταγράψτε τα εδώ, **ακολουθώντας την ίδια σειρά αρίθμησης**] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **1.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  | **10.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  |
| **2.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  | **11.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  |
| **3.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  | **12.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  |
| **4.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  | **13.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  |
| **5.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  | **14.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  |
| **6.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  | [συμπληρώνεται από το δικαιούχο φορέα] | | | | | | | | | | | | | | | | | | | | |  |
| **7.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | |  |
| **8.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | | | | | | | | |  |
| **9.** | | | ........................................................................... | | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | | | | | | | | |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | Η ακρίβεια των στοιχείων που αναφέρονται σε αυτή την αίτηση-δήλωση μπορεί να ελεγχθεί με βάση το αρχείο άλλων υπηρεσιών (άρθρο 8 παρ. 4 Ν. 1599/1986) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Με ατομική μου ευθύνη και γνωρίζοντας τις **κυρώσεις** που προβλέπονται από τις διατάξεις της παρ. 6 του άρθρ. 22 του **Ν. 1599/1986**, δηλαδή: «Όποιος εν γνώσει του δηλώνει ψευδή γεγονότα ή αρνείται ή αποκρύπτει τα αληθινά με έγγραφη υπεύθυνη δήλωση του άρθρου 8 τιμωρείται με φυλάκιση τουλάχιστον τριών μηνών. Επίσης εάν ο υπαίτιος αυτών των πράξεων σκόπευε να προσπορίσει στον εαυτόν του ή σε άλλον περιουσιακό όφελος βλάπτοντας τρίτον ή σκόπευε να βλάψει άλλον, τιμωρείται με κάθειρξη μέχρι 10 ετών», **δηλώνω ότι:**   1. Όλα τα **στοιχεία** της αίτησής μου είναι **ακριβή και αληθή** και **κατέχω όλα τα απαιτούμενα προσόντα** για κάθε επιδιωκόμενη θέση απασχόλησης, όπως αυτά αναφέρονται στην ανακοίνωση και αναγράφονται στην παρούσα αίτηση. Σε περίπτωση ανακρίβειας γνωρίζω ότι θα έχω τις συνέπειες που προβλέπονται από τις διατάξεις του Ν. 1599/1986. 2. Τα συνημμένα δικαιολογητικά είναι **φωτοαντίγραφα** των πρωτοτύπων ή νομίμως επικυρωμένων αντιγράφων που εκδόθηκαν από αρμόδια διοικητική αρχή και τα οποία έχω στην κατοχή μου. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Ημερομηνία: ...........................** | | | | | | | | | | | | | | | | | | | | | **Ο/Η υποψήφι....** | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Ονοματεπώνυμο: ......................................** | | | | | | | | | | | | | | | | | | | | | [υπογραφή] | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |