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| **Application for the Institute for Basic Science (IBS)** |

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| * **Basic Information (Applicant number: Do not fill in)** |

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| Title of job announcement | 2022-3 Recruitment for Research Positions at the Biomedical Mathematics Group |
| Area of hiring | Senior Researcher *or* Postdoctoral Research Fellow |

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| * **Applicant’s Information** |

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| Name (Korean) |  | Name (English) |  |
| Email |  | Mobile |  |
| Current address |  | | |
| Female scientist, engineer or technician (√) | * Applicable (e.g., women engaged in research, technical or other related service in the fields of natural science and engineering) | | |
| Eligible for employment assistance\* (√) | * Applicable | Disability\* (√) | * Applicable |
| Disqualification (√) | * Applicable □ Not applicable   Grounds for disqualification   * For all applicants  1. Persons who fall under any Subparagraph of Article 33 of the State Public Officials Act; 2. Persons who are subject to employment restrictions on public organization employees dismissed for corruption under Article 82 of the Act on Anti-corruption and the Establishment and Operation of the Anti-corruption and Civil Rights Commission; 3. Persons who were dismissed due to being hired through wrongful means but five years have not passed since the date of dismissal; and 4. Persons who fail to meet the qualifications as of the application deadline.  * For applicants of Korean nationality  1. Persons who have been punished for evading military service under the Military Service Act; and 2. Persons who cannot travel overseas or male applicants who have not completed or are not exempted from military service.  * Excluding persons who have applied for expert research personnel or who are deemed to have completed military service under the Military Service Act | | |

* These items are applicable only to applicants with Korean nationality.
* If you are a female scientist, engineer or technician, are eligible for employment assistance, have a disability and/or have any ground for disqualification, please mark the corresponding box. If you are eligible for employment assistance and/or have a disability, supporting documents must be submitted.

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| * **Applicant’s Affirmation** |

I hereby submit this application and other relevant documents certifying that all of the information included is true and acknowledging that if proven false, I will be responsible for any hiring-related disadvantages.

YYYY/MM/DD

Applicant: Signature: