

FORM 3: Declaration for evaluation

I, _____, CNP

_____, 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 assessment 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 establish my suitability for the requirements of the position.
3. The results of the tests administered and the recommendations that will be made will be communicated to those for whom I will be working/servicing. I agree that, under the conditions of the law, the results obtained may be processed for statistical purposes.
4. I have attended the selection interview rested and have not consumed alcohol in the last 24 hours. I do not suffer from any chronic illnesses, have no physical pains and am not under medication that could influence the results of the assessment. I have been informed that I must carry my glasses or hearing aid (if applicable).
5. I agree that the interview for the position of administrator in S.N.T.G.N TRANSGAZ S.A. be recorded.

Date _____

Signature _____