|  |
| --- |
| **Consent to Collection and Use of Personal Information** |

|  |
| --- |
| * **Collection and Use of Personal Information**
 |

Under the Personal Information Protection Act, the Institute for Basic Science (IBS) is required to obtain consent from job applicants when their personal information is collected and used.

The personal information is collected for purposes, such as conducting the hiring process and reviewing applicants’ competence and qualifications, and is not used for purposes other than hiring.

|  |
| --- |
| * **Information to be Collected and Purpose**
 |

|  |  |
| --- | --- |
| **Mandatory information** | Basic personal information (e.g., name, email, contact and address) |
| **Optional information** | Female scientist, engineer or technician, eligible for employment assistance, grounds for disqualification for employment, education, work experience, credentials, research performance, research plan and so on |
| **Sensitive information** | Disability |
| **Purpose of collection and use** | Conduct and manage hiring process, confirm work experience and credentials (inquiry and verification), handle complaints, settle disputes and fulfill statutory obligations |
| **Period of retention** | Until the hiring process is completed |

|  |
| --- |
| * **Consent to Collection and Use of Personal Information**
 |

You have a right to disagree with the above-mentioned collection and use of personal information. However, if you disagree, you may face limitations in the application process.

|  |  |
| --- | --- |
| **Collection and use of personal information** | I agree □ I disagree □ |

* Please mark (√) the corresponding box above.

YYYY/MM/DD

Applicant: Signature:

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

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

|  |  |
| --- | --- |
| Title of job announcement | 2025-1 Recruitment Announcement at the Center for Synaptic Brain Dysfunction  |
| Area of hiring | Job Category 1 – Postdoctoral Research Associate (PI: Seung-Hee LEE) |

|  |
| --- |
| * **Applicant’s Information**
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

|  |
| --- |
| * **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: