[Form 1] KRIMS Postdoctoral Researcher Application Form

			Applicant No.	(Leave it blank)
Host Institute	**University**	**Institute**	**Research Area**	
	Kangwon National University	Research Institute for Mathematical Sciences (KRIMS)		
Full Name				
Passport No.			**Nationality**	

Contact Information

Address	
Phone Number	**Home:** **Mobile:**
Email Address	

Education Information

Degree	**Admission Date**	**Graduation Date**	**Institution**	**Department**	**Major**
B.A./B.S.					
M.A./M.S.					
Ph.D.					

Professional Experience

Employment Period		**Institution**	**Department**	**Title/Position**

Additional Information (Honors, Awards, Patents, or other notable achievements)

Item	**Date**	**Description**	**Institution/Organization**

I hereby apply for the Postdoctoral Research position at KRIMS. I certify that all information provided in this application and the attached documents is accurate and complete. I understand that providing false information will result in the invalidation of this application and disqualification from applying for a period of two years.

Date:

Name: Signature:

To the Director of the KNU Research Institute for Mathematical Sciences

Research Achievements (Last 3 Years)
Please provide a summary of your representative publications, patents, and major research achievements over the past three (3) years (free format).
Research Plan
As a KRIMS postdoctoral researcher, please describe your intended research project, including objectives, methodology, and expected outcomes

※ Total approx. 2 pages

[Form 2] Consent Form for Collection and Use of Personal Information

Consent Form for Collection and Use of Personal Information

I fully understand that, in submitti ng my application for the Postdoctoral Research position at the Kangwon National University Research Institute for M athematical Sciences (KRIMS), the personnel authority may need to conduct a background verification of my personal information.

For this purpose, I consent to the collection and use of various personal information and related data about me, protected under the Personal Information Protection Act , by the personnel authority in accordance with Article 23 proviso and Article 15 of the Act.

I also acknowledge that a copy of this signed consent form shall be deemed as valid as the original for the purpose of collecting and using various materials necessary for background verification.

Date:
Name:
Signature:

To the Director of the KNU Research Institute for Mathematical Sciences

Applicant's Personal Information
Date of Birth:
Email:
Mobile Phone Number:
Office Phone Number:
Current Employment and Position:
Fax (if available):

Scope of Information to Be Collected and Used for Background Verification

- Purpose of Collection and Use of Personal Information: Screening for Postdoctoral Researcher recruitment
- Items of Personal Information to Be Collected: All personal details necessary for the recruitment screening: Name, resident registration number, date of birth, family details, academic background, and other required information
- Retention and Use Period of Personal Information: Submitt ed documents will not be returned
- Right to Refuse Consent: In accordance with Article 15(2)(4) of the Personal Information Protection Act, applicants may refuse to consent to the collection and use of their personal information. However, refusal may result in disadvantages such as restrictions on acceptance of the application form.

[Form 3] Consent Form for Criminal Record Check (Sexual Offenses)

■ Enforcement Rule of the Act on the Protection of Children and Juveniles from Sexual Abuse [Form No. 10] (Revised March 21, 2018)

Consent Form for Sex Offense History Inquiry	
Subject	Name (In English for foreigners)
	Resident Registration Number (Foreign Registration Number/Nationality for foreigners)
	Contact Information (Mobile phone, etc.)

I, as an employee (or prospective employee) of Kangwon National University, consent to the inquiry of sex offense history in accordance with Article 56 of the Act on the Protection of Children and Juveniles from Sexual Abuse and Article 25 of the same act's enforcement decree.

Date:
Name:
Signature:

To the Chief of CHUNCHEON Police Station

Notices

1. Personal information collected: Name, Resident Registration Number (Foreign Registration Number and Nationality for foreigners)
2. Restrictions due to refusal to provide personal information: You have the right to refuse consent to provide personal information; however, refusal may result in employment restrictions.
3. Purpose of collecting and using personal information: The collected personal information will be used for the application of sex offense history inquiries.
4. If there are two or more consentees, their information can be collectively written on the back.