Lowell Observatory

1400 W. Mars Hill Road Flagstaff, AZ 86001-4499

Phone: 928-774-3358 Fax: 928-233-3266 Email: humanresources@lowell.edu www.lowell.edu

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Lowell Observatory prohibits discrimination on the basis of race, color, religion, national origin, sex, age, disability, political beliefs, sexual orientation, and marital and family status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Personal Informat	ion:	Today's Date:				
First Name	Middle		Last Name			
Home Address	City	State	Zip			
Home Phone /	Business Phone / E	-Mail address				
Are you 18 or Older?	Yes □ No □					
If hired, can you furni (As required by the In	sh proof you are eligible nmigration Reform and	e to work in the U.S Control Act of 1986	5.? Yes □ 5)	No 🗆		
Have you ever applied	d here before? Yes	□ No If yes, wh	en?			
Were you ever employ	Were you ever employed here? Yes No If yes, when?					
Have you been convic	ted of any law violation	(except a minor tra	affic violation)	?		
If yes, please explain:						
Position You Are A	Applying For:					
When can you start? _	Salar	y Requirement:				
If you were referred to	o us by a Lowell employ	ee, please provide	his/her name	:		
How did you hear of t	he position?					
What type of employn	nent are you seeking?	□ Full Time □ Pa	art Time 🗆	Temporary		

High School	City	State
Undergraduate College	City	State
Degree Earned:		
Subjects Studied While in College:		
Graduate College	City State	
Degree Earned:		
Subjects Studied While in Graduate So	chool:	
Business or Technical School	City	State
Degree Earned:		
Subjects Studied While at Technical S	chool:	
Special Skills:		
What skills or additional training do yo applying?	ou have that are related	to the job for which you are
What machines or equipment can you applying?	operate that are related	I to the job for which you are

This position may require the use of a motor vehicle. Do you have a valid driver's license? Yes No					
Driver's License Number: Class of License: State issued by:					
Have you had your driver's license suspended or revoked in the last three years? $\hfill\Box$ Yes $\hfill\Box$ No					
If yes, give details:					
List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, sexual orientation, political beliefs, marital status, disability or other protected status.)					
References: Are you presently employed? No					
May we contact your present employer? Yes No					
Have you ever been asked to resign from a job? No If yes, please explain:					
Have you worked or attended school under any other names? Yes No If yes, give names:					
RECORD OF EMPLOYMENT Lowell Observatory may confirm dates of employment, positions held, and reasons for leaving with prior employers. Explain any gaps in employment and other information relevant to eligibility, qualifications, and suitability with prior employers in the Additional Information Section. NOTE: THIS SECTION MUST BE COMPLETE UNLESS SPECIFICALLY PROVIDED WITHIN RÉSUMÉ OR CURRICULUM VITAE.					
Name of <u>present or last employer</u> and address (include city and state)					
□ Full Time □ Part Time Number of hours each week:					
Start Date (Mo/Yr) Leaving Date (Mo/Yr)					
Starting Pay Final Pay (Circle one Hrly/Mthly/Annual)					
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Type of Business	of Business Name of Supervisor		Phone Number
Your Job Title	Second	Reference	Phone Number
Reason for Leaving:			
			ets if necessary)
Name of <u>previous em</u>	<u>ployer</u> and address (ir	nclude city and sta	te)
	Time Num	ber of hours each	week:
	Final Pay		
Type of Business	Name of S	Supervisor	Phone Number
Your Job Title	Second R	eference	Phone Number
Reason for Leaving:			
Description of Work an	nd Responsibilities (atta	ach additional shee	ets if necessary)
Description of Work an	nd Responsibilities (atta	ach additional shee	ets if necessary)
Description of Work and Name of previous em			

	Leav		
Starting Pay	Final Pay	(Circle	e one Hrly/Mthly/Annual)
Type of Business	Name of	Supervisor	Phone Number
Your Job Title	Second R	Reference	Phone Numbe
Reason for Leaving			
Description of Work ar	nd Responsibilities (att	ach additional	sheets if necessary)
Name of previous em	ployer and address (i	nclude city and	l state)
Name of <u>previous em</u>	ployer and address (i	nclude city and	state)
Name of <u>previous em</u>	ployer and address (i	nclude city and	l state)
	: Time Nu	umber of hours	each week:
Full Time □ Part Start Date (Mo/Yr)	: Time Nu	umber of hours	
Full Time □ Part Start Date (Mo/Yr)	: Time Nu Leav Final Pay	umber of hours ing Date (Mo/Y	each week:
□ Full Time □ Part Start Date (Mo/Yr) Starting Pay	: Time Nu Leav Final Pay	umber of hours ing Date (Mo/Y (Circle	each week:
□ Full Time □ Part Start Date (Mo/Yr) Starting Pay Type of Business	Time Nu Leav Teav Name of S	umber of hours ing Date (Mo/Y (Circle Supervisor eference	each week:
□ Full Time □ Part Start Date (Mo/Yr) Starting Pay Type of Business Your Job Title	Time Nu Leav Teav Name of S	umber of hours ing Date (Mo/Y (Circle Supervisor eference	each week:
□ Full Time □ Part Start Date (Mo/Yr) Starting Pay Type of Business Your Job Title	Time Nu Leav Time Nu Second Re	umber of hours ing Date (Mo/Y (Circle Supervisor eference	each week:
□ Full Time □ Part Start Date (Mo/Yr) Starting Pay Type of Business Your Job Title Reason for Leaving:	Time Nu Leav Time Nu Second Re	umber of hours ing Date (Mo/Y (Circle Supervisor eference	each week:

Please give any addi	ADDITIONAL INFORMATION Please give any additional information which may more fully describe your qualifications, skills experience, education, background, and interests.			
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CONDITIONS OF EMPLOYMENT

In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal. I also understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility to work in the United States (in compliance with the Immigration Reform & Control Act of 1986) as a condition to receiving any compensation from Lowell Observatory.

In connection with this application, I authorize all corporations, companies, credit agencies, education institutions, persons, law enforcement agencies, military services, motor vehicle departments, and former employers to release information that they may have about me to Lowell Observatory or its agents and release them from any liability for doing so. However, I specifically waive any right I have under Arizona Revised Statutes Section 23-1361.B or otherwise to receive or examine a copy of any written communication regarding employment furnished by any former or current employer of mine. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested.

I further understand and agree that, if employed by Lowell Observatory, that circumstances may require access by Observatory administrative personnel to any property owned by the Observatory, including desks, files, locker, vehicles, etc.

If I accept employment as a non-exempt employee, I agree to work overtime when requested to do so and understand that overtime may be compensated either by monies or compensatory time off. I further understand that employment is probationary for a period of six months, and that successful completion of probation does not guarantee permanent employment. I understand and agree that my signature on this document does not constitute a contract of employment.

Signature of Applicant	Date
Rev. 12/10	

APPLICANT SUPPLEMENT (OPTIONAL INFORMATION)

POSITION A	APPLIED FOR	R:		
DATE SUBN	MITTED:			
SOCIAL SE	CURITY NUM	IBER:		
				ed only for the purpose of tracking your
NAME:				
ADDRESS:				
CITY:		STAT	E:	ZIP:
PHONE:				
Lowell Observatory 41-1463, invites all confidential manner Opportunity/Affirma	, in accordance with tit applicants or employee and will be used to ass ative Action requirement	e 41 Code of Federal Regul s to complete the following ist fulfilling Lowell Observa	ations Chapter 60-1,40; 6 information listed below itory's federal and state s ntary and refusal to prov	500-2.21 (b)(4); and Arizona Revised Statutes The information obtained will be treated in statistical reporting and Equal ide it will not subject you to any adverse
GENDER:	☐ Female	☐ Male		
DISABILTY: If you need reasonal 237.		participate in the hiring proce	ess, please contact the Hu	uman Resource Office at 928/774-3358, ext
		ot a US Military Veteran m Veteran □ Dis		Newly separated Veteran □
	c designations as u			y Commission do not denote thnicity categories are as follows:
	Latino - A person or regardless of race.	f Cuban, Mexican, Puer	to Rican, South or Co	entral American, or other Spanish
☐ White (Not H East, or North At		- A person having origi	ns in any of the origi	inal peoples of Europe, the Middle
☐ Black or Afri of Africa.	can American (No	t Hispanic or Latino) -	A person having ori	gins in any of the black racial groups
		ic Islander (Not Hispa other Pacific Islands.	nic or Latino) - A p	erson having origins in any of the
Asia, or the India		luding, for example, Ca		nal peoples of the Far East, Southeast a, Japan, Korea, Malaysia, Pakistan,
				ving origins in any of the original atain tribal affiliation or community
☐ Two or More	Races (Not Hispa	nic or Latino) - All pers	sons who identify with	n more than one of the above five races.
recruits, hires and proor special disabled v	romotes for all job class veteran status, or sexual	sifications without regard to orientation in compliance w	race, sex, color, religion, rith the requirements of T	for the position being filled. The Observatory, age, national origin, disability, Vietnam Era Fitle IX of the Educational Amendments of of the Rehabilitation Act of 1973, as

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amended, the Vietnam Era Veterans Readjustment Assistance Act of 1974, the Americans with Disabilities Act of 1990, the Age Discrimination in Employment Act of 1967, and Lowell policy.