Lowell Observatory

1400 W. Mars Hill Road Flagstaff, AZ 86001-4499 Fax: 928-268-9876

Email: humanresources@lowell.edu

APPLICATION FOR EMPLOYMENT

Lowell Observatory is an **Equal Employment Opportunity/Affirmative Action** employer and provides equal employment opportunity to all persons without regard to race, color, religion, sex, national origin, age, genetic information, disability, veteran status, 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 jobrelated factors. If you need reasonable accommodation to participate in the hiring process, please contact the Human Resource Office at (928) 233-3251 for assistance.

Personal Informa	ition:	Today's Date:					
First Name	Middle		Last Name				
Home Address	City	State	Zip				
Home Phone /	Business Phone / E	E-Mail address					
Are you 18 years of a	age, or older? Yes 🗆	No □					
If hired, can you furr (As required by the Immi	nish proof you are eligible gration Reform and Control Ad	e to work in the U.S ct of 1986. Lowell Obse	5.? Yes □ No □ ervatory participates in E-verify.)				
Have you ever applie	Have you ever applied here before? Yes No If yes, when?						
Were you ever emplo	oyed here? Yes No	□ If yes, when? _					
Have you been convi	cted of any crime (excep	ot a minor traffic vio	olation)? Yes 🗆 No 🗆				
If yes, please explain	1:						
	essarily disqualify you for emps and nature of the crime, and		factors such as age and date onsidered.)				
Position You Are	Applying For:						
When can you start? Salary Requirement:							
If you were referred	to us by a Lowell employ	yee, please provide	his/her name:				
How did you hear of	the position?						
What type of employ	ment are you seeking?	□ Full Time □ P	art Time 🛮 🗆 Temporary				

A Complete Cover Letter and Curriculum Vitae or Resume' should be attached The position May Require the use of a motor vehicle. Do you have a valid Driver' License? Driver's License Number: ,Class of License ,State Issued by: . Have you had your diver's license suspended or revoked in the last three years? If yes, give details: APPLICANT'S CERTIFICATION I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Lowell Observatory and/or its agents to verify their accuracy and to obtain reference information on my work performance. I hereby release Lowell Observatory and its agents from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind, or omissions of facts called for on this application, shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me, and accepted, that I will fully adhere to the policies, rules and regulations of employment of Lowell Observatory. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process, shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is on an at-will basis that either I or Lowell Observatory may terminate my employment at any time with or without notice or cause. Signature of Applicant Date

Please also complete the voluntary **Applicant Supplement Form**. Lowell Observatory invites all applicants to self-identify, however supplying this data is optional. The information obtained will be treated in confidential manner and will be used to assist fulfilling Lowell Observatory's Equal Employment Opportunity/Affirmative Action reporting requirements. **This information is voluntary and refusal to provide it will not affect your consideration for employment**. Thank you very much for your assistance.

APPLICANT SUPPLEMENT (OPTIONAL INFORMATION)

Lowell Observatory invites all applicants to provide the information listed below. Supplying this data is optional. The information obtained will be treated in confidential manner and will be used to assist fulfilling Lowell Observatory's Equal Employment Opportunity/Affirmative Action reporting requirements. This information is voluntary and refusal to provide it will not affect your consideration for employment. Thank you very much for your assistance.

POSITION APPLIED FOR:

DAT	E SUBMITTED:					
ADE CIT	DRESS: Y:	ST/	ATE:	ZIP:		
1)	GENDER:	Female □	Mal	le □		
2)	ETHNICITY: S	Select				
		Latino - A person of an, or other Spanish o				or
		Hispanic or Latino) of Europe, the Midd				е
		ican American (No f the black racial gro	•		- A person hav	ing
		aiian or Other Pacitorigins in any of the p				-
	original peoples including, for ex	Hispanic or Latino) of the Far East, Sou kample, Cambodia, C nilippine Islands, Tha	theast As hina, Ind	ia, or the Indi ia, Japan, Kor	an Subcontiner	
	having origins in	ndian or Alaska Nat n any of the original ral America), and who	peoples o	of North and S	outh America	
		e Races (Not Hispa one of the above five		atino) - All pe	rsons who iden	tify
	☐ I decline to	provide this inforn	nation			
	Lowell Observatory	y is an Equal Employm	ent Oppor	rtunity/Affirma	tive Action empl	oyer and

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equal opportunity and that selection decisions be based on job-related factors.

provides equal employment opportunity to all persons without regard to race, color, religion, sex, national origin, age, genetic information, disability, veteran status, political beliefs, sexual orientation, and marital and family status. It is our intention that all qualified applicants be given

SELF IDENTIFICATION (OPTIONAL INFORMATION)

Lowell Observatory is committed to equal opportunity in all aspects of employment for qualified disabled individuals and veterans. We invite all employees to assist in meeting this commitment by participating in this voluntary, self-identification program. Supplying this data is optional. Thank you very much for your assistance.

DATE SUBMITTED:						
APPLICANT NAME:						
POSITION:						
1) DISABILITY STATUS:						
Do you have a disability that you would like to identify under our program? \Box Yes \Box No						
Would you like to request an accommodation for your disability? \square Yes \square No						
The term 'disability', with respect to an individual and as defined under the Americans with Disabilities Act, means:						
A) a physical or mental impairment that substantially limits one or more major life activities of such individual;B) having a record of such an impairment; orC) being regarded as having such an impairment.						
2) VETERAN STATUS:						
Are you a Veteran?						
Please mark all that apply:						
□ Disabled Veteran□ Other Protected Veteran□ Armed Forces Service Medal Veteran□ Recently Separated Veteran						
'Disabled Veteran' means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability. 'Other Protected Veteran' means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. 'Armed Forces Service Medal Veteran' means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. 'Recently Separated Veteran' means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.						
Applicant Signature:						

Please return completed form to Human Resources.