**Lowell Observatory**

**1400 W. Mars Hill Road**

**Flagstaff, AZ 86001-4499**

**Fax: 928-268-9876**

**Email: humanresources@lowell.edu**

**www.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 job-related 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 Information:** Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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First Name Middle Last Name

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Home Address City State Zip

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Home Phone / Business Phone / E-Mail address

Are you 18 years of age, or older? Yes □ No □

If hired, can you furnish proof you are eligible to work in the U.S.? Yes □ No □

*(As required by the Immigration Reform and Control Act of 1986. Lowell Observatory participates in E-verify.)*

Have you ever applied here before? Yes □ No □ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you ever employed here? Yes □ No □ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Offers will be contingent on satisfactory results from a background screening.

**Position You Are Applying For:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When can you start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary Requirement

If you were referred to us by a Lowell employee, please provide his/her name:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear of the position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of employment are you seeking? □ Full Time □ Part Time □ Temporary

**Education:**

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High School City State

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate College City State

Degree Earned:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subjects Studied While in College:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Graduate College City State

Degree Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Subjects Studied While in Graduate School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Business or Technical School City State

 Degree Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subjects Studied While at Technical School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Special Skills:**

What skills or additional training do you have that are related to the job for which you are applying?

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What machines or equipment can you operate that are related to the job for which you are applying?

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**Do you have a valid driver’s license?**  Yes □ No □

Have you had your driver’s license suspended or revoked in the last three years?

□ Yes □ 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.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employment:**

Are you presently employed? Yes □ No □

May we contact your present employer? Yes □ No □

Have you ever been involuntarily terminated from a job? Yes □ No □

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you worked or attended school under any other names? Yes □ No □

If yes, give names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list present and previous employers in chronological order. 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 prior employers in the Additional Information Section.

**NOTE: THIS SECTION MUST BE COMPLETED EVEN IF YOU ARE PROVIDING A RESUME.**

Name of present or last employer and address (include city and state)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Full Time □ Part Time Number of hours each week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date (Mo/Yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date (Mo/Yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Business Name of Supervisor Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Job Title Second Reference Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description of Work and Responsibilities (attach additional sheets if necessary) \_\_\_\_\_\_\_\_\_

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Name of previous employer and address (include city and state)

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□ Full Time □ Part Time Number of hours each week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date (Mo/Yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leaving Date (Mo/Yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Business Name of Supervisor Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Job Title Second Reference Phone Number

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Reason for Leaving:

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Description of Work and Responsibilities (attach additional sheets if necessary) \_\_\_\_\_\_\_\_\_

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Name of previous employer and address (include city and state)

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□ Full Time □ Part Time Number of hours each week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date (Mo/Yr) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leaving Date (Mo/Yr) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Business Name of Supervisor Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Job Title Second Reference Phone Number

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Reason for Leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description of Work and Responsibilities (attach additional sheets if necessary) \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of previous employer and address (include city and state)

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□ Full Time □ Part Time Number of hours each week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date (Mo/Yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leaving Date (Mo/Yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Business Name of Supervisor Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Job Title Second Reference Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description of Work and Responsibilities (attach additional sheets if necessary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ADDITIONAL INFORMATION**

Please provide any additional information which may more fully describe your

qualifications, skills, experience, education, background, and interests.

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_

**1) GENDER**: **Female □ Male □**

**2) ETHNICITY: Select**

**□ Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**□ White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**□ Black** **or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**□ Native Hawaiian or Other Pacific Islander** **(Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**□ Asian** **(Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**□ American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**□ Two or More Races (Not Hispanic or Latino) -** All persons who identify with more than one of the above five races.

**□ I decline to provide this information**

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 job-related factors.