



1400 West Mars Hill Rd | Flagstaff, Arizona 86001  
jobs@lowell.edu | 928-233-3233 | lowell.edu/careers

## 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) 233-3233 for assistance.

### Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

*(Preferred Name is acceptable; we will ask for legal name in the confidential section on page 6)*

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_

Position you are applying for \_\_\_\_\_

When can you start? \_\_\_\_\_

Desired Salary \_\_\_\_\_

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

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

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

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes  No

How did you hear of the position?

- Online Advertisement – Which website? \_\_\_\_\_
- Lowell Employee or Volunteer Referral – Employee/Volunteer name \_\_\_\_\_
- Word of Mouth
- Lowell.edu
- Other \_\_\_\_\_

## Education

**Some or all of your education history might be on your resume or CV already. If so, you may leave this section blank or write "on resume".**

High School or GED \_\_\_\_\_ City & State \_\_\_\_\_

Undergraduate College \_\_\_\_\_ City & State \_\_\_\_\_

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

Graduate College \_\_\_\_\_ City & State \_\_\_\_\_

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

Business or Technical School \_\_\_\_\_ City & State \_\_\_\_\_

Degree or Certificates Earned \_\_\_\_\_

Anything additional related to education that you would like to tell us about?

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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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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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This position may require the use of a motor vehicle, if so a Department of Motor Vehicle (DMV) report will be obtained annually.

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, please provide details \_\_\_\_\_  
\_\_\_\_\_

### Employment History

Please list your last 7 years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

**Some or all of your employment history might be on your resume or CV already. If so, please fill in the name of the employer and any information that is not listed on your resume (Immediate supervisor, reason for leaving, etc.). You may leave the rest blank or write "on resume".**

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: \_\_\_\_\_  
\_\_\_\_\_

#### Current or last employer

Job Title \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State \_\_\_\_\_

Immediate supervisor name & title \_\_\_\_\_

Dates of employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Description of Work and Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous employer**

Job Title \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State \_\_\_\_\_

Immediate supervisor name & title \_\_\_\_\_

Dates of employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Description of Work and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous employer**

Job Title \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State \_\_\_\_\_

Immediate supervisor name & title \_\_\_\_\_

Dates of employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Description of Work and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous employer**

Job Title \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State \_\_\_\_\_

Immediate supervisor name & title \_\_\_\_\_

Dates of employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Description of Work and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous employer**

Job Title \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State \_\_\_\_\_

Immediate supervisor name & title \_\_\_\_\_

Dates of employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Description of Work and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

Please provide any additional information which may more fully describe your qualifications, skills, experience, education, background, and interests.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIAL INFORMATION**

This section is information that only the Human Resources team and the Hiring Manager will see and will be omitted from the general application that is provided to the hiring team.

If you listed a preferred name on the first page of this application, please list your legal name here:

Legal Name \_\_\_\_\_

Have you worked or attended school under any other names? If any of your previous jobs or schools know you under a different name (maiden, former legal name, etc.), please indicate which schools/jobs and what name they would know you as. We will need to use this as we conduct reference checks. This information will be shared with the hiring manager, but this will not be shared with the hiring team.

Employer/School \_\_\_\_\_ Name Used \_\_\_\_\_

Employer/School \_\_\_\_\_ Name Used \_\_\_\_\_

Employer/School \_\_\_\_\_ Name Used \_\_\_\_\_

Employer/School \_\_\_\_\_ Name Used \_\_\_\_\_

Preferred Pronouns (optional) \_\_\_\_\_

Is it ok to share this with the hiring committee? Yes  No

## 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.

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**Signature of Applicant**

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**Date**

The following pages (8 and 9) are optional. Lowell Observatory invites all applicants to self-identify their gender, ethnicity, disability, and veteran status.

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 SUPPLEMENTAL SELF- IDENTIFICATION FORM (Optional)

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.**

**Position applied for** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Gender:** Female  Male  Non-Binary

**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 Indigenous/Native American 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**

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**Disability status:**

Do you have a disability that you would like to identify under our program?

Yes  No

Would you like to request an accommodation for your disability?

Yes  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; or
- c) being regarded as having such an impairment.

**Veteran status:**

Are you a Veteran? Yes  No

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** \_\_\_\_\_