

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 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: _____

First Name Middle Last Name

Home Address City State Zip

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? _____

Have you been convicted of any crime (except a minor traffic violation)? Yes No

If yes, please explain:

(A conviction will not necessarily disqualify you for employment. Rather, such factors such as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

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

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: _____

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

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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? 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.

2) 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: _____

Please return completed form to Human Resources.