



Planetary Science Institute

1700 E. Fort Lowell, Suite 106
Tucson, AZ 85719-2395
Telephone (520) 622-6300
HR@psi.edu
www.psi.edu

APPLICATION FOR GENERAL EMPLOYMENT

The Planetary Science Institute (PSI) is an equal opportunity/affirmative action employer and does not discriminate against any employee or applicant for employment because of race, color, religious creed, age, national origin, ancestry, sex, sexual orientation, gender identity, pregnancy, marital status, mental or physical disability, unless it is shown that such disability prevents performance of the work involved, veteran's status, or any other reason prohibited under Federal, State, or local laws. Additionally, PSI is a drug free and non-smoking workplace. Applicants must agree to a background check.

Please type or print. This application must be legible, fully completed, signed and dated for consideration.

Name: _____
Last First Middle

Nickname: _____

Address: _____
City State Zip

Home Telephone # _____ Cell Phone # _____
Best Time to Call _____
and Home or Cell _____ Email Address _____

Are you legally eligible for employment in the United States? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Will you now or in the future require sponsorship for employment visa status? Yes No

Are you at least 18 years or older? Yes No
(If no, you may be required to provide authorization to work.)

Are you a student? Yes No If yes, name of school: _____

Have you ever been dismissed from any job? Yes No
If yes, please explain.

Educational Background:

	School	City/State	Years Attended	Did you Graduate?	Degree
High School					
Undergrad College					
Graduate College					
Other					

Employment History:

List your complete employment history for the past **five** years starting with your most recent employer. List all positions held, including military experience, part-time summer and/or volunteer work and periods of employment; do not omit any employers. Explain any gaps in employment in the comment section. If you are submitting a resume, you are still required to summarize your job responsibilities in the space provided.

Current Employer	Dates Employed	Contact for employment verification:	
Employer Name: Telephone: Address: Job Title:	From:	Telephone:	
	To:	May we contact current employer?	
	Starting Salary	Final Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	

Summarize your job responsibilities	Reason for leaving:
<hr/> <hr/> <hr/> <hr/>	

Previous Employer	Dates Employed	Contact for employment verification:	
Employer Name: Telephone: Address: Job Title:	From:	Telephone:	
	To:		
	Starting Salary	Final Salary	May we contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual		

Summarize your job responsibilities	Reason for leaving:
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Previous Employer	Dates Employed	Contact for employment verification:	
Employer Name: Telephone: Address: Job Title:	From:	Telephone:	
	To:		
	Starting Salary	Final Salary	May we contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual		

Summarize your job responsibilities	Reason for leaving:
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Professional/Work References:	
List name and telephone number of three professional/work references that are not related to you. Please include one previous supervisor .	
Name, Company, Address	Telephone

Special Skills and Qualifications:

Job-Related Certificates	Date Acquired	Status: Current/Void

List special accomplishments, publications, awards and the names of professional groups of which you are or have been a member:

List any friend or relative working for PSI.

List any additional comments and/or information you would like us to consider:

I certify that all information on this application form is complete and accurate. I understand that any omissions or misstatements of facts are cause for rejecting my application or, if I am hired, termination of employment. PSI is an at-will employer, meaning that employment by PSI is not guaranteed for any length of time and may be terminated for any legal reason.

I understand that this application is not an employment contract. Any applicant requiring accommodation for a disability should advise Human Resources at HR@psi.edu.

Signature of Applicant	Date

**THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST
IN WORKING FOR THE PLANETARY SCIENCE INSTITUTE!**

PSI is an Equal Opportunity/M/F/Vet/Disabled/Affirmative Action Employer

PLANETARY SCIENCE INSTITUTE (PSI)

EEO/AA

Pre-Offer Voluntary Self-Identification Information

PSI is an Equal Opportunity/M/F/Vet/Disabled/Affirmative Action Employer

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Vietnam Era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of protected veterans.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for

Date

REFERRAL SOURCE

- State Workforce Agency, Company Website, Advertisement, Employment Agency, School, Employee Referral, Other

APPLICANT INFORMATION

Name:

Last First Middle

Address:

Street City State ZIP

ETHNICITY/RACE CATEGORIES

ETHNICITY/RACE: (identify one or more race categories)(definitions below)

- Hispanic or Latino or identify a race listed below
White (not Hispanic or Latino), Black or African American (not Hispanic or Latino), Asian (not Hispanic or Latino)
Native Hawaii or Other Pacific Islander (not Hispanic or Latino), American Indian or Alaska Native (not Hispanic or Latino), Two or more races (not Hispanic or Latino)
Do not wish to identify

GENDER CATEGORIES

Male Female Do Not Wish to Identify

PROTECTED VETERAN CATEGORIES

Protected Veteran Not a Protected Veteran Do Not Wish to Identify

DEFINITIONS

ETHNICITY/RACE CATEGORY DESCRIPTIONS:

Hispanic or Latino includes a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person have 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 Alaskan Native (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) 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 Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes any 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.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. **Please tell us if you require a reasonable accommodation to apply for a job or to perform your job.** Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.