



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

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

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<b>Professional/Work References:</b>	
List name and telephone number of three <b>professional/work</b> references that are not related to you. Please include one previous <b>supervisor</b> .	
Name, Company, Address	Telephone

**Special Skills and Qualifications:**

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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:

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I understand that neither the completion of this application nor any other part of my consideration for employment establishes an employment contract or any obligation for PSI to hire me. If I am hired, I understand that either PSI or I can terminate my employment at any time and for any reason, with or without cause and without prior notice.

I attest with my signature below that I have given to PSI true and complete information on this application. I understand that any omissions or misstatements of facts are cause for rejecting my application or, if I am hired, termination of employment. I authorize PSI to contact references, former employers and others for background checks. In addition, I understand that PSI contracts with GoodHire to perform standard background checks and I agree to provide them with the information and release forms they request in a timely manner.

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  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**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.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_