

# Lowell Observatory

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[www.lowell.edu](http://www.lowell.edu)

## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

Lowell Observatory prohibits discrimination on the basis of race, color, religion, national origin, sex, age, disability, 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.

#### 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 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)

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 law violation (except a minor traffic violation)?  
 Yes  No

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

**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:**

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

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

Subjects Studied While in College: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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?

\_\_\_\_\_

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

\_\_\_\_\_

**This position may require the use of a motor vehicle.**

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

Driver's License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_ State issued by: \_\_\_\_\_

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.) \_\_\_\_\_

\_\_\_\_\_

**References:**

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

Have you ever been asked to resign from a job?  Yes  No If yes, please explain:

\_\_\_\_\_

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

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

**RECORD OF EMPLOYMENT**

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 eligibility, qualifications, and suitability with prior employers in the Additional Information Section.

**NOTE: THIS SECTION MUST BE COMPLETE UNLESS SPECIFICALLY PROVIDED WITHIN RÉSUMÉ OR CURRICULUM VITAE.**

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

\_\_\_\_\_

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

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

Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_ (Circle one Hrly/Mthly/Annual)

Type of Business

Name of Supervisor

Phone Number

Your Job Title

Second Reference

Phone Number

Reason for Leaving:

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

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

Full Time

Part Time

Number of hours each week:

Start Date (Mo/Yr)

Leaving Date (Mo/Yr)

Starting Pay

Final Pay

(Circle one Hrly/Mthly/Annual)

Type of Business

Name of Supervisor

Phone Number

Your Job Title

Second Reference

Phone Number

Reason for Leaving:

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

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

Full Time

Part Time

Number of hours each week:

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

Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_ (Circle one Hrly/Mthly/Annual)

Type of Business \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Job Title \_\_\_\_\_ Second Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

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

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

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

Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_ (Circle one Hrly/Mthly/Annual)

Type of Business \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Job Title \_\_\_\_\_ Second Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

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**ADDITIONAL INFORMATION**

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

**CONDITIONS OF EMPLOYMENT**

**In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal. I also understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility to work in the United States (in compliance with the Immigration Reform & Control Act of 1986) as a condition to receiving any compensation from Lowell Observatory.**

**In connection with this application, I authorize all corporations, companies, credit agencies, education institutions, persons, law enforcement agencies, military services, motor vehicle departments, and former employers to release information that they may have about me to Lowell Observatory or its agents and release them from any liability for doing so. However, I specifically waive any right I have under Arizona Revised Statutes Section 23-1361.B or otherwise to receive or examine a copy of any written communication regarding employment furnished by any former or current employer of mine. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested.**

**I further understand and agree that, if employed by Lowell Observatory, that circumstances may require access by Observatory administrative personnel to any property owned by the Observatory, including desks, files, locker, vehicles, etc.**

**If I accept employment as a non-exempt employee, I agree to work overtime when requested to do so and understand that overtime may be compensated either by monies or compensatory time off.**

**I further understand that employment is probationary for a period of six months, and that successful completion of probation does not guarantee permanent employment. I understand and agree that my signature on this document does not constitute a contract of employment.**

\_\_\_\_\_  
**Signature of Applicant**

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

Rev. 12/10

**APPLICANT SUPPLEMENT  
(OPTIONAL INFORMATION)**

**POSITION APPLIED FOR:** \_\_\_\_\_  
**DATE SUBMITTED:** \_\_\_\_\_  
**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

Supplying this data is optional. Lowell Observatory policy provides that it will be used only for the purpose of tracking your application.

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

\*\*\*\*\*  
Lowell Observatory, in accordance with title 41 Code of Federal Regulations Chapter 60-1,40; 60-2.21 (b)(4); and Arizona Revised Statutes 41-1463, invites all applicants or employees to complete the following information listed below. The information obtained will be treated in confidential manner and will be used to assist fulfilling Lowell Observatory's federal and state statistical reporting and Equal Opportunity/Affirmative Action requirements. This information is voluntary and refusal to provide it will not subject you to any adverse treatment. Thank you very much for your consideration and assistance.

**GENDER:**         Female                       Male

**DISABILITY: Y/N**

If you need reasonable accommodation to participate in the hiring process, please contact the Human Resource Office at 928/774-3358, ext 237.

**VETERANS: Select all that apply**    Not a US Military Veteran

US Military Veteran     Vietnam Veteran     Disabled Veteran     Newly separated Veteran

**ETHNICITY: Select**

Race and ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories are as follows:

**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.

Lowell Observatory bases decisions on employment solely upon the individual's qualifications for the position being filled. The Observatory recruits, hires and promotes for all job classifications without regard to race, sex, color, religion, age, national origin, disability, Vietnam Era or special disabled veteran status, or sexual orientation in compliance with the requirements of Title IX of the Educational Amendments of 1974, Title VI and Title VII of the Civil Rights Act of 1964, as amended, Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans Readjustment Assistance Act of 1974, the Americans with Disabilities Act of 1990, the Age Discrimination in Employment Act of 1967, and Lowell policy.