



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

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

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 and on my CV submitted with 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.

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: _____