



Planetary Science Institute

1700 E. Fort Lowell, Suite 106
Tucson, AZ 85719-2395
Telephone (520) 622-6300
apply@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 Phone: _____ Cell Phone: _____ Email Address: _____

Best Phone to Call: Home Cell Best time to call: _____

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 in the space below):

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

Employer Name:

From:

Telephone:

To:

Address:

**May we contact
current employer?**

Yes No

Job Title:

Employment Verification Contact:

Telephone:

Summarize your job responsibilities

Reason for leaving:

Previous Employer

Dates Employed

Employer Name:

From:

Telephone:

To:

Address:

**May we contact
previous employer?**

Yes No

Job Title:

Employment Verification Contact:

Telephone:

Summarize your job responsibilities

Reason for leaving:

Previous Employer

Dates Employed

Employer Name:

From:

Telephone:

To:

Address:

**May we contact
previous employer?**

Yes No

Job Title:

Employment Verification Contact:

Telephone:

Summarize your job responsibilities

Reason for leaving:



ADDITIONAL INFORMATION

Professional/Work References:	
Provide three professional/work references that are not related to you. Please include one previous supervisor .	
Name / Company	Telephone or Email

Special Skills and Qualifications:

--

Job-Related Certificates	Date Acquired	Status: Current/Void

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.

I do not have any friend or relative working for PSI.

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

--

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 Affirmative Action/Equal Opportunity Employer, including disability/veterans.

PLANETARY SCIENCE INSTITUTE (PSI)

EEO/AA

Pre-Offer Voluntary Self-Identification Information

PSI is an Affirmative Action/Equal Opportunity Employer, including disability/veterans.

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

- | | | |
|--|--|--|
| <input type="checkbox"/> State Workforce Agency | <input type="checkbox"/> Company Website | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Employment Agency _____ | | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee Referral _____ | | <input type="checkbox"/> 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)

- | | | |
|---|--|---|
| <input type="checkbox"/> Hispanic or Latino or identify a race listed below | | |
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaii or Other Pacific Islander (not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) | <input type="checkbox"/> Two or more races (not Hispanic or Latino) |
| <input type="checkbox"/> 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
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OMB Control Number 1250-0005
Expires 04/30/2026

Name:

Date:

Employee ID:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

Yes, I have a disability, or have had one in the past

No, I do not have a disability and have not had one in the past

I do not want 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