Please email your completed application for employment.

Clear All Fields

NATIONAL RADIO ASTRONOMY OBSERVATORY Associated Universities, Inc.

An Equal Employment Opportunity / Affirmative Action Employer

APPLICATION FOR EMPLOYMENT

520 Edgemont Road
Charlottesville, VA 22903

P O Box 2
Green Bank, WV 24944

P O Box 0
Socorro, NM 87801

LOCATION DESIRED

☐ Charlottesville, VA ☐ Green Bank, WV ☐ Socorro, NM ☐ VLBA ☐ Chile

PERSONAL DATA

Name _____
Last First MI

Address _____
Street City State Zip

Telephone _____ Email Address _____

If hired, can you provide proof that you are eligible to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, complete the following:

Date _____ Place _____ Nature of Crime _____

GENERAL DATA

Position Applied For _____ Req.# _____

Salary Required _____ Date Available _____

Have you ever been employed by the NRAO? Yes ☐ No ☐ If yes, when _____

EDUCATION

Name and Address		Course of Study	Did you Graduate?	Last Year Completed	List degree(s) Completed
High School			Yes No	1 2 3 4	
Business or Trade School			Yes No	1 2 3 4	
College or University			Yes No	1 2 3 4	
Graduate School or Other			Yes No	N / A	

Publications and Honors	
Other (licenses, professional memberships, hobbies, volunteer work, etc.)	

EMPLOYMENT RECORD

Account for all periods, starting with your most recent job. Include unemployment and service in the United States Armed Forces.				
May we contact your current/most recent employer?	☐ Yes	☐ No	**Enter dates in mm/yy format**	
Employer		Dates Employed	From	To
Address		Salary	Starting	Final
Telephone/Email		Reason for Leaving		
Job Title		Supervisor		
Duties Performed				

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Duties Performed				

U. S. Veteran?	☐ Yes	☐ No	Branch of Service	
Training Received			Rank Upon Discharge	

Employment Record (continued)

Employer		Dates Employed	From	To
Address		Salary	Starting	Final
Telephone/Email		Reason for Leaving		
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Duties Performed				

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Employment Record (continued)

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Address		Salary	Starting Final
Telephone/Email		Reason for Leaving	
Job Title		Supervisor	
Duties Performed			

PROFESSIONAL REFERENCES (OTHER THAN IMMEDIATE SUPERVISOR)

List three professional work references from employers listed on previous page, work history. These people must be familiar with your work history and personal character.

Complete Name and Title			
Business Name		Email	
Business Address		Telephone	
Home Address		Telephone	

Complete Name and Title			
Business Name		Email	
Business Address		Telephone	
Home Address		Telephone	

Complete Name and Title			
Business Name		Email	
Business Address		Telephone	
Home Address		Telephone	

EMPLOYER'S STATEMENT

The NRAO is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, or veteran status. We assure you that your opportunity for employment with the NRAO depends solely on your qualifications.

APPLICANT'S STATEMENT

I understand that the NRAO follows an "employment at will" policy, meaning that I or the NRAO may terminate employment at any time for any reason consistent with applicable state or federal laws. This "employment at will" policy cannot be changed verbally or in writing unless the change is specifically authorized in writing by the Human Resource Manager of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand that my application will remain active only until the position for which I applied is filled. After that time, if I wish to be considered for employment, I must submit a new application for a specific NRAO vacancy.

I understand that the NRAO will thoroughly investigate my work and personal history and verify all data given on this application, on related documents, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any work-related information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true. I understand that any falsification or willful omission shall be sufficient cause for refusal of employment or dismissal.

Your signature: _____ Date: _____

EEO SELF-IDENTIFICATION

Please Print Information

The National Radio Astronomy Observatory (NRAO) is an equal employment opportunity employer. Certain laws and regulations regarding equal employment opportunity require us to compile annual statistical reports on applicants for employment. In order to comply with these laws and regulations, we are requesting your cooperation in completing this EEO Self-Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for equal employment opportunity record-keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and, if you are hired by the Observatory, your personnel file.

Position Applied For: _____ Req. #: _____

Name (Printed): _____
Last First MI

Signature: _____ Date: _____

How did you learn of the vacancy?

- ☐ NRAO web page
- ☐ Posting/Job Recording
- ☐ Employee Referral
- ☐ Direct Inquiry to Human Resources
- ☐ Advertisement - (Please specify source) _____
- ☐ Organization - (Please specify) _____
- ☐ Other (Please specify) _____

GENDER IDENTIFICATION

☐ Male ☐ Female

MINORITY STATUS IDENTIFICATION

- ☐ White (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ Hispanic or Latino
- ☐ Asian (Not Hispanic or Latino)
- ☐ American Indian or Alaskan Native (Not Hispanic or Latino) Native
- ☐ Hawaiian or Other Pacific Islander (Not Hispanic or Latino) Two or
- ☐ more races (Not Hispanic or Latino)

PLEASE CHECK IF THE FOLLOWING CATEGORIES ARE APPLICABLE

☐ **Disabled Individual** - Any person who (1) has a physical or mental impairment that substantially limits one or more of his/her major life activities; (2) has a record of such impairment, or (3) is regarded as having such impairment. A disability is "substantially limiting" if it is likely to cause a difficulty in securing, retaining, or advancing in employment.

☐ **Vietnam Era Veteran Eligibility** - Served in armed forces between August 5, 1964 and May 7, 1975, for more than 180 days of active duty.

☐ **Disabled Veteran Eligibility** - A veteran with a disability, service connected or otherwise.

☐ **Other** (please specify) - _____