ORISE
OAK RIDGE INSTITUTE FOR SCIENCE AND EDUCATION

Nuclear Regulatory Commission
Faculty Research Participation Program

Faculty Application *Please type or print clearly*

Name_____
Last First Middle

Institution_____

Address_____
Street, P.O. Box, Apt. No.

_____
City State Zip

Office Phone ( ) _____Fax ( )_____

Cell Phone # _____E-mail Address_____

Permanent Address_____
Street, P.O. Box, Apt. No

_____
City State Zip

Citizenship: Are you a U.S. Citizen? ( ) Yes ( ) No If LPR, Country_____
(Required for some programs)

If no, are you a Legal permanent resident? ( ) Yes ( ) No If LPR, Number_____

If not a U.S. Citizen, please rate your fluency in English on a scale of 1 to 5 with 1 being the least fluent and 5 being the most fluent.

Read	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Write	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Speak	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Education

Institution or Campus	From	To	Degree	Date Awarded or Expected	Major

List computer languages with which you are familiar and your level of proficiency (very good/good/fair)

a.	b.	c.

Return to: Oak Ridge Institute for Science and Education, NRC HBCU Faculty Research Participation Program, Attn: Alicia Wells, P.O. Box 117, Mail Stop 36, Oak Ridge, Tennessee 37831-0117, Phone 865- 576-3409, Fax 865-241-5220, E-mail: alicia.wells@orau.org

Relevant Employment Record (begin with current)

Employer	Dates	Position/Rank	Nature of Work

Indicate your first and second choice of federal facility. See list below.

1.	2.

●Lawrence Berkeley National Lab ●Lawrence Livermore National Lab ●Los Alamos National Lab ●Oak Ridge National Lab ●Pacific Northwest National Lab ●Sandia National Lab ●Savannah River Site (no NRC funding now, but they might have mission-related work) (US citizens only) ●Southwest Research Institute (US citizens only) ●Idaho National Lab (check about this one) ●Ames National Lab (check this one too)

List names of research advisors and facilities from previous ORISE appointments, if any.

How did you learn about this program?

☐ Journal advertisement

☐ University faculty advisor or other university staff

☐ Professional society meeting

☐ Newspaper, journal article, or bulletin board posting

☐ Web search/Web site

☐ Other _____

I understand that information supplied in support of this application will be transmitted to the facilities I have chosen.

_____

Signature of Applicant **Date**

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Description of Current and Previous Research

Please list current and previous research projects that you have participated in (list in chronological order) and provide a brief description of each. (Use the back of this form or attach additional sheets if necessary.) **Please type or print clearly.**

Name of applicant _____
Last First Middle

Institution_____Department_____

Address_____

Research

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Instructions

This form should be completed by the institutional administrative officer and returned to:

Oak Ridge Institute for Science and Education
NRC HBCU Faculty Research Participation Program
Attn: Alicia Wells
P.O. Box 117, Mail Stop 36
Oak Ridge, Tennessee 37831-0117

Certification for _____
Applicant's Name Institution

1. Applicant's employment contract/agreement with this institution is □ full-time or □ part-time.
   a. Months of required service_____.
   b. Base of academic salary for required service excluding all fringe benefits* $_____ effective_____

   Do not include extra pay for summer school teaching, overtime teaching, special payment for contract work, consultant fees, or any other compensation not covered by the contract.

2. For faculty employed for 10 or more months per year, provide a statement of the institution's policy regarding participation in outside activities for which a gratuity may be provided.

3. If the individual or the institution wants the certification of salary to be privileged information, check the appropriate box. Yes □ No □

Disclosure of this information is subject to Public Law 93-579 (the Privacy Act of 1974) and U.S. Department of Energy regulations as published in the *Federal Register*, September 30, 1077.

The information submitted above will be used solely to determine the applicant's monthly salary or stipend as appropriate if an appointment is offered.

Signature_____Date_____

Typed name and title_____Phone_____

Address_____

*Academic-year applicants (sabbatical) must include a statement describing the financial arrangements with their institutions, including fringe benefits paid by applicant's institution. State as a percentage of salary and itemize.

Applicant Data

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a Diverse Population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will be affect our decision regarding your application. We appreciate your cooperation.

Name _____Date _____

Citizenship: ☐ USA
☐ Legal Permanent Resident Alien (LPR)
☐ Foreign National - Country _____

If US citizen, please complete:
Race and/or Ethic Origin (check one)

Race (Check one)

( ) American Indian or Alaskan Native

( ) Asian

( ) Black or African American

( ) Caucasian (White)

( ) Hispanic or Latino

( ) Native Hawaiian or Other Pacific Islander

( ) Two or More Races

Birth Date: _____
(month, day, year)

Gender: Male ☐ Female ☐

Physical/mental disability (Physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment): Yes ☐ No ☐

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