

Name: _____

4. Current Academic Status (please answer **either** question 5a or 5b)

4a. If you are currently a student:

Degree: _____

Expected Graduation Date: _____

Academic Institution: _____

Major field: _____

4b. If you are not currently a student:

Highest Degree Held: _____

Graduation Date: _____

Academic Institution: _____

Major field: _____

5. List members of scientific staff at the PIADC with whom you may have contacted regarding a future research position.

Name	E-Mail Address	Phone

6. How did you learn about this program? _____

7. Attach Resume or Curriculum Vitae (**MUST** include the following information.)

Academic History (institution, dates, degree, major, GPA)

Employment Record (current employer, dates, part-time or full-time)

Relevant Research Experiences (include list of publications and presentations)

9. Send Application Materials and Résumé or Curriculum Vitae (**DO NOT** send duplicate applications)

E-mail:

piadc@ornl.gov

By mail:

Oak Ridge Institute for Science and Education
PIADC Research Participation Program
P.O. Box 117, M.S. 36
Oak Ridge, TN 37831-0117

For Overnight Delivery:
ORISE – PIADC Program
1299 Bethel Valley Road
Building SC-200
Oak Ridge, TN 37830

By Fax

(865) 576-4197

Name: _____

Plum Island Animal Disease Center *Research Participation Program*

DEMOGRAPHIC INFORMATION

Applicant demographic data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your submission of this information will assist us in this regard. We appreciate your cooperation. If you decline to provide this information, it will in no way affect consideration of your application.

Ethnicity *(check one only)*

- Hispanic or Latino
- Not Hispanic or Latino

Race *(check all that apply)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Sex:

- Female
- Male

Disability Statement: *(physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment)*

- Yes
- No

Name: _____

Plum Island
Animal Disease Center
Research Participation Program

CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED

I am aware that this program is supported by funding from the United States Government and, therefore, is subject to Federal law regarding false statements and fraud, particularly the criminal provisions of 18 U.S. Code Section 1001. I certify, under penalty of law, that the submitted student application contains no false or fraudulent representations, statements, or entries.

The U.S. Government conducts background investigations to establish that individuals are eligible for a required security clearance. The background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. In addition to filling out a form (such as the Standard Form 86 which may be viewed at: <http://www.opm.gov/forms/html/sf.asp>), inquiries also may be made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

For e-mail submitted applications:

Yes, I so certify

Date certified: _____

For paper applications sent by mail or fax:

Signature: _____

Date certified: _____