



**Plum Island
Animal Disease Center**
Research Participation Program

APPLICATION

Applying as:

- Post doctorate
- Post master's
- Post baccalaureate
- Other: _____

1. **Name:** _____
(First) (Middle) (Last)

2. **Citizenship:** U.S. Citizen Yes (*skip to question 3*)
 No (*answer question 2a and 2b*)

2a. Country of Citizenship _____

2b. Are you a Lawful Permanent Resident (LPR) of the United States? Yes No

3. Contact Information:

Address _____

City _____ State _____ Zip Code _____

Country _____

Phone _____ Cell Phone _____

E-mail _____

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

4a. If you are currently a student:

Degree _____

Expected Graduation Date _____

Academic Institution _____

Major field _____

Name: _____

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 research position (optional).

Name	E-Mail Address	Phone

6. If applying for a specific position listed under the Immediate Needs section, please identify the position (optional): _____

7. List people familiar with your professional and/or educational qualifications that may provide references on your behalf.

Name	E-Mail Address	Phone

8. How did you learn about this program? _____

9. Attach Résumé or Curriculum Vitae (MUST include the following information.)

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

Employment Record (employers, dates, part-time or full-time)

Relevant Research Experiences (include list of publications and presentations)

Name: _____

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 only one)*

- Hispanic or Latino *(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)*
- Not Hispanic or Latino

Race *(check all that apply)*

- American Indian or Alaska Native *(a person having origins in any of the original peoples of North, Central and South America and who maintain tribal affiliation or community attachment)*
- Asian *(a person having origins in any of the original peoples of the Far East, South East Asia or the India Subcontinent, including, for example, Cambodia, China, India or Japan)*
- Black or African American *(a person having origins in any of the Black racial groups of Africa)*
- Native Hawaiian or Other Pacific Islander *(a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)*
- White *(a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)*

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: _____

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 information requested on the application materials will be used in connection with the selection of qualified applicants and may be disclosed to qualified reviewers and staff assistants as part of the review process; to the institution the applicant is attending or is planning to attend or is employed by for the purpose of facilitating review or award decisions, or administering the awards; to government contractors, experts, volunteers and researchers and educators as necessary to complete assigned work; to other government agencies needing data regarding applicants or as part of the review process, or in order to coordinate programs; and to another Federal agency, court or party in a court or Federal administrative proceeding if the government is a party. Information from this system of records may be merged with other computer files to carry out statistical studies the results of which do not identify individuals. Disclosure may be made of awardees' names, home institutions, and fields of study for public information purposes. Submission of the information is voluntary; however, failure to provide full and complete information may reduce the possibility of your receiving an award.

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: _____

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

E-mail:

piadc@ornl.gov

By Fax

(865) 576-4197

By postal mail:

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