

## General Application

Please complete this application electronically and send the completed form and all supporting materials to: ORNL Advanced Short-Term Research Opportunity Program, Oak Ridge Institute for Science and Education, Science and Engineering Education Unit, P.O. Box 117, MS 36, Oak Ridge, TN 37831-0117.

Highest degree:	ORNL division(s) you want this application sent. See Research Areas at ORNL for selections.
Date received/expected:	
Degree discipline:	
Desired starting date:	
	1st choice:
	2nd choice:
	3rd choice:

1. Name:	Social Security Number:
2. Current mailing address:	Phone: ( ) E-mail:
3. Permanent mailing address:	Phone: ( )

4. Have you ever been investigated for a security clearance? Yes [ ] No [ ]  
 5. U.S. citizen? Yes [ ] No [ ] If not, indicate country of citizenship and type of visa held:

\_\_\_\_\_ Please provide copy of passport page.  
 Permanent resident? Yes [ ] No [ ] If yes, PRA number: \_\_\_\_\_  
 If you intend to become a U.S. citizen, indicate when: \_\_\_\_\_

Guidelines stipulate that only U.S. citizens and aliens lawfully authorized to work in the U.S. will be eligible for this program. No one will be permitted to commence participation until proper documentation is presented to establish authorization to work in the U.S.

6. Do you have a driver's license in the United States? Yes [ ] No [ ]

7. Academic history (begin with current or most recent)

Institution/Campus	Dates		Degree	Date awarded or expected	Major	Grade Point Average *
	From	To				

\* GPA basis: A=4, B=3, C=2, D=1. Attach explanation if your transcript uses different basis.

8. List three persons familiar with your professional qualifications (include your thesis or dissertation adviser).

Name	Address	Phone number and e-mail

9. Academic honors

Award	Institution/campus	Inclusive dates

10. Relevant employment record; begin with current (include part-, full-time, military, and summer)

From	To	Employer	Type of work

11. Describe relevant research experiences; include any patents you have received or for which you have applied.

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12. Describe the educational and professional goals you expect to achieve as a result of participating in this program.

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Please check the box indicating how you learned about this program:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Journal ad     | <input type="checkbox"/> Placement office     | <input type="checkbox"/> Discussion with ORNL staff member |
| <input type="checkbox"/> Faculty member | <input type="checkbox"/> Professional society | <input type="checkbox"/> Professional conference           |
| <input type="checkbox"/> Web site       | <input type="checkbox"/> Other _____          |  |

Name:

## Authorization for Release of Information

The employment/appointment process at Oak Ridge Associated Universities includes, but is not limited to, the following: completion of an ORAU application; interviews; reference checks; employment and education verification; drug testing and medical examination, after offer but prior to reporting to work; and other checks such as local police, that may be required for a security clearance and employment decision purposes. This authorization must be signed in order to continue your consideration for possible employment/appointment.

I \_\_\_\_\_, hereby authorize any person, agency, organization,  
(Print Name)  
or institution to release to Oak Ridge Associated Universities and/or to its representative on a confidential basis information ORAU may request about me, regardless of any agreement I may have made with you previously to the contrary. This information, relevant to employment consideration, may include academics, performance evaluation, employment history, attendance, character, police records, and the results of drug testing and medical examinations. I hereby release any person, agency, organization or institution and ORAU and its employees, officers and assigns from any and all liability whatsoever resulting from this inquiry. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature.

A photocopy of this authorization that shows my signature shall be deemed an original and shall be accepted as such.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Other Name Used

**Return to: ORNL Advanced Short-Term Research Opportunity Program, Science and Engineering Education Unit, Oak Ridge Institute for Science and Education, P.O. Box 117, MS 36, Oak Ridge, Tennessee 37831-0117**

### Equal Opportunity Policy

It is the policy of Oak Ridge Associated Universities to recruit, hire, train, and promote persons of all job classifications without regard to race, color, age, religion, sex, national origin, handicap, or status as a Vietnam Era veteran or disabled veteran.

## Statement of Research Interests (General Application)

Your Name (last, first, middle):

**Indicate six key words (or phrases) that reflect the area of your research.** This information will aid ORNL staff in determining if your research interests generally relate to their specific research needs.

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**In the space below, provide a statement of your research interests.** Do not exceed two typed pages. Additional pages can be used for figures and references.

## Applicant Data

Applicant data is important in assessing the effectiveness of our equal opportunity and affirmative action program. Therefore we would like you to furnish us with the following confidential information which must, by law, be maintained apart from your application. The data will be used in accordance with federal regulations for statistical purposes and for taking affirmative action in regard to the employment of minorities, handicapped, and Vietnam Era veterans and disabled veterans. Provision of this information is strictly voluntary. If you decline to give this information, it will in no way affect consideration of your application.

**Name:**

**Date:**

**Race and/or Ethnic Origin (check one)**

- Caucasian, not of Hispanic origin (having origins in any one of the original peoples of Europe, North Africa or the Middle East)
- Black (having origins in any of the Black racial groups of Africa)
- Hispanic (of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture of origin, regardless of race)
- American Indian (having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition)
- Asian or Pacific Islander (having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands; for example, India, China, Japan, Korea, Philippine Islands, and Samoa)

**Male**  **Female**

**Birth Date** (month, day, year):

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

**Vietnam Era veteran** (active duty at least 180 days during 1964-1975): Yes  No

If yes, service dates:

**Disabled veteran** (entitled to compensation from the Veterans Administration or discharge or release from military service for disability): Yes  No

If yes, 30% or more disability

**AN EQUAL OPPORTUNITY EMPLOYER**