



**Internship Program for Laboratory Technology
at Oak Ridge National Laboratory**

APPLICATION FORM

Eligibility: You must be enrolled in an accredited U. S. college or university in a degree program in a discipline of interest to Oak Ridge National Laboratory.

Requirements for a complete application package: Application form, authorization for release of information, resumé, at least two letters of recommendation from academic sources. A transcript will be required upon selection.

PLEASE PRINT LEGIBLY

PART 1. Indicate the term for which you are applying:

1. First date available: (mm/dd/yy) _____ / _____ / _____

Your application will be kept on file for one year from your first date available.

PART 2. Applicant General Information

2. Name:

(First) (Middle) (Last)

(Social Security Number)

3. Home (Permanent) Address:

(Street Address 1)

(Street Address 2)

(City) (State/Province)

(Country) (Zip/Postal Code)

4. Home (Permanent) Phone with Area Code: (_____) _____ - _____

5. Home (Permanent) E-mail : _____

6. Current Address:

(Street Address 1)

(Street Address 2)

(City)

(State/Province)

(Country)

(Zip/Postal Code)

7. Current Phone with Area Code: (_____) _____ - _____

8. Current E-mail : _____

9. I am a United States citizen: Yes. *If yes, skip to question 11.*
 No. *If no, you must answer question 10.*

10. I have permanent resident alien (PRA) status in the United States:

Yes. *If yes, provide your PRA number:* _____
Country of citizenship: _____
 No. Country _____
Type of Visa _____

PART 3. Educational Information

11. I am currently a student at: _____
(Name of university or college)

(City)

(State)

12. a. Degree you expect to receive:

Two-year college degree Bachelor's degree Other degree, please specify degree title:

b. Date you expect to complete your degree: (mm/yy) _____ / _____

13. Major field of study:

PART 5. Applicant 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.

18. **Gender:** Female Male

19. **Date of Birth:** (mm/dd/yy) _____ / _____ / _____

20. **Race/Ethnicity:**

Caucasian (Having origins in any one of the original peoples of Europe, North Africa, or the middle East)

African American (Having origins in any 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, Indian, China, Japan, Korea, Philippine Islands, and Samoa)

21. **Disabled:**

No

Yes, physical/mental impairment that substantially limits one or more major life activities (*for example, blindness, deafness, or mobility impairment.*)

PART 6. Certification of Accuracy and Submission of Completed Application

RELEASE AND CERTIFICATION OF ACCURACY

I understand that all information in parts 1 through 4 of the application, my resume, and letters of recommendation will be provided to the staff involved in the selection process.

I certify that to the best of my knowledge all information contained in this application is accurate. I understand that any falsification will render me ineligible for participation and, if found after participation has begun, may require me to reimburse any funds received.

Note: You must certify the accuracy of your information before you can be considered for selection.

Yes. Date: (mm/dd/yy) _____ / _____ / _____
(check box to indicate "yes")

Signature:

(Application will not be accepted without the "Yes" box checked, date entered, and your signature.)

Submit Completed Application To:

Mail to:

Sam Held
Oak Ridge Associated Universities
PO Box 117, MS 36
Oak Ridge, TN 37831-0117

Fax to:

Sam Held
(865) 576-1609

**Internship Program for Laboratory Technology
at Oak Ridge National Laboratory**

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

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: Sam Held, Internship Program for Laboratory Technology, 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.

Internship Program for Laboratory Technology at Oak Ridge National Laboratory

REFERENCE FORM
Attention: Sam Held

Applicant Name: _____

How long and in what association have you known this applicant? _____

In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:

Personal Characteristics	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Motivation toward a productive career						
Growth during total period observed						
Imagination and originality of thought						
Emotional maturity and stability						
Ability to work with others						
Independence and self-reliance						
Leadership potential						

In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:

Capabilities	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Mastery of fundamentals						
Skill/Originality of special projects						
Laboratory skills and techniques						
Ability to communicate (written / oral)						

Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential. Use additional sheets if necessary.

Signature _____ Dept _____

Typed/Printed Name _____ Date _____

Address _____

Return to: Sam Held, ORISE, PO Box 117, MS 36, Oak Ridge, TN 37831-0117
Phone: (865) 576-8223 **Fax:** (865) 576-1609

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