

Telephone: (865) 576-6051 Fax: (865) 241-1753 E-mail: empdept@orau.gov

Please answer ev	very question completely.				-		
Name (last name	last name first)			Date	Are you at least 18 years of age? ☐ Yes ☐ No		
Present address:	(street and number)	(city and state)			(zip code)		
Permanent addre	ss: (street and number)	and number) (city and state)			(zip code)		
Present telephone	e: (include area code)	Permanent telepho	one: <i>(include area code)</i>	Other telephone: work, etc. <i>(include area code)</i> ()			
Present fax numb ()	per: <i>(include area code)</i>	Present e-mail ad	e-mail address:				
Whom may we co	ontact if you are unable to be rea	ached at the above ac	ldresses? (list name, complete ad	dress and telephone.)		
Have you ever be	een investigated for a Security C	learance? 🗆 Yes 🗆	No If yes, specify date and typ	e:			
Previously employed by ORAU? No Yes When? In what capacity?			Do you have relatives employed by ORAU? No Yes Who? Relationship:				
			See ORAU's Nepotism Policy	Statement.			
By whom or how were you referred to ORAU? Military Se Branch		Military Service: Branch	Occupation Rank		Service Dates		
U.S. Citizen? □ Yes □ No	If not, indicate country or citizensi	hip and type of visa and o	classification in passport. If you intend t	o become a U.S. Citizer	n, indicate when.		
			work in the U.S. No one will be p d required documents presented to				

POSITION(S) DESIRED

First choice (Include Job Reference #):		Second choice (Include Job Reference #):		
Third choice (Include Job Reference #):		Fourth choice (Include Job Reference #):		
Date available:	Salary range expected:		How much are you willing to travel?	
ORAU requires candidates for employment to agree to drug testing and to a medical examination. Drug testing and medical examinations will be conducted after offers of employment are made except in specific circumstances. All drug testing and medical examinations are at the expense of ORAU and are conducted in compliance with applicable state and federal laws and regulations. A determination of the use of illegal drugs will disqualify candidates from employment consideration.				

SKILLS, EDUCATION AND TRAINING

EDUCATION: List high school or college, graduate school, business college, technical and service schools, apprenticeship training and correspondence schools. Transcript or listing of courses and grades for education beyond high school level may be requested.					
School or college (begin with high school)	Number of years attended	Highest grade completed or degree received	Major field	Grade scale	Grade point average
List any certificates and licenses currently held, including driver's licenses.					
List other skills and qualifications, and any machines, computer equipment or computer/word processing software on which you are trained and/or experienced.					

PARTICIPATION IN OUTSIDE ACTIVITIES, SPECIAL QUALIFICATIONS, PUBLICATIONS, AND PATENTS

This space is provided so that you may list training and experience not covered elsewhere in this application, which you believe specially qualifies you for the type of work for which you have applied. Include research projects, patents and titles of theses, publications, etc. You may, if you wish, also use this space to describe honors, awards, student activities and memberships in business, professional or civic organizations.

REFERENCES

Name	Complete address (include zip code, e -mail address, and phone number)	Occupation

WORK HISTORY

Starting with your current job status, list all the positions you have held and periods when not employed. (Include salary information, military service, and phone numbers and e-mail addresses of supervisors.) If unemployed, please so state under "firm name." NOTE: Resume does not substitute for application.				
Current Status From	Firm Name and Nature of Business	Street Address	City, State, and Zip Code	
To	Your Title	Name and Title of Supervisor	Reason for Leaving	
Total Years Months		Telephone () E- mail		
Salary	Describe Duties (include number super		L	
Start \$ per				
Final \$ per				
Dates From	Firm Name and Nature of Business	Street Address	City, State, and Zip Code	
To Total Years	Your Title	Name and Title of Supervisor	Reason for Leaving	
Months		Telephone () E- mail		
Salary	Describe Duties (include number supervised)			
Start \$ per				
Final \$ per				
Dates From	Firm Name and Nature of Business	Street Address	City, State, and Zip Code	
To				
<u> </u>	Your Title	Name and Title of Supervisor	Reason for Leaving	
Total Years				
Months		Telephone () E- mail		
Salary	Describe Duties (include number super	vised)		
Start \$ per				
Final \$ per				
Dates From	Firm Name and Nature of Business	Street Address	City, State, and Zip Code	
То				
	Your Title	Name and Title of Supervisor	Reason for Leaving	
Total Years				
Months		Telephone () E-mail		
Salary	Describe Duties (include number supervised)			
Start \$ per				
Final \$ per				
			(application continued on part page)	

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WORK HISTORY (continued)

Dates From	Firm Name and Nature of Business	Street Address	City, State, and Zip Code		
То					
	Your Title	Name and Title of Supervisor	Reason for Leaving		
Total Years		Tolophone (
Months		Telephone() E- mail			
Salary	Describe Duties (include number super	rvised)			
Start \$ per					
Final \$ per					
Dates From	Firm Name and Nature of Business	Street Address	City, State, and Zip Code		
То					
	Your Title	Name and Title of Supervisor	Reason for Leaving		
Total Years					
Months		Telephone () E- mail			
Salary	Describe Duties (include number super	Describe Duties (include number supervised)			
Start \$ per					
Final \$ per					
Dates	Firm Name and Nature of Business	Street Address	City, State, and Zip Code		
From					
То	Nous Title	Name and Title of Our and an	Dessen fan Lessinn		
Total Years	Your Title	Name and Title of Supervisor	Reason for Leaving		
Months		Telephone () E-mail			
Salary	Describe Duties (include number super	rvised)			
Start \$ per					
Final \$ per					
EMPLOYMENT PROCESS ORAU requires that candidates for employment complete an application, undergo interviews, reference checks, employment and education verification; a medical examination/drug screen; and other checks that may be required, such as local police, for a security clearance. To facilitate your consideration for employment, please					
complete the enclosed "Authorization for Release of Information."					
EMPLOYMENT AT WILL I understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment, and may be terminated by the employer at any time with or without cause or notice. I understand that any oral or written statements to the contrary are hereby expressly disavowed, and should not be relied upon by any prospective or existing employee.					
EQUAL OPPORTUNITY POLICY It is the policy of Oak Ridge Associated Universities to recruit, hire, train and promote persons in all job classifications without regard to race, age, sex, religion, color, national origin, mental or physical disability, or special disabled or Vietnam era or other eligible veteran status.					
CERTIFICATION I understand that if I am employed, any misrepresentation or material omission of facts on this application form or other employment documentation is sufficient cause for dismissal.					
I certify that to the best of my knowledge all information contained in this application is accurate. My signature or typed name shall be deemed an original authorization and shall be accepted as such.					
I,, certify the accuracy of this information. Today's date:					