

Jefferson Science Associates, LLC
THOMAS JEFFERSON NATIONAL ACCELERATOR FACILITY
EMPLOYMENT APPLICATION

SOCIAL SECURITY NUMBER: _____ **DATE:** _____

NAME

Last _____ **First** _____ **Middle** _____

ADDRESS

Street City State Zip code

Telephone (H) _____ **(W)** _____

Fax _____ **Email** _____

Position(s) title interested in: _____ Position(s) number: _____

Expected salary/wages: _____ Date available to start: _____

Type of work applied for: Full-time Part-time Will you accept shift work? Yes No

Have you previously worked for SURA/Jefferson Lab? Yes No

If yes, give position(s) and date(s) _____

Are you a United States citizen? Yes No Are you authorized to work in the United States? Yes No

If you are currently in the U. S. and your Visa is sponsored by another organization, please indicate your present sponsor and Visa type:

Do you have any relatives working at JSA/Jefferson Lab? Yes No

Have you ever been convicted by law enforcement authorities on charges other than traffic violations? Yes No
 Conviction is not necessarily a bar to employment and factors such as seriousness and nature of the offense, reoccurrence and rehabilitation will be considered.

What prompted you to seek employment at JSA/Jefferson Lab?

Internet Posting Advertisement College or School Friend or Relative Other

Employment Agency Employee

Please identify agency, publication, school or person _____

EDUCATION AND TRAINING: Begin with most recent and work backwards including High School, Business School, Technical Institute, and Military schooling.

SCHOOL/LOCATION	DEGREE, DIPLOMA, OR CERTIFICATE	MAJOR

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EDUCATION AND TRAINING CONTINUED

SCHOOL/LOCATION	DEGREE, DIPLOMA, OR CERTIFICATE	MAJOR

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REMARKS: What specific skills or abilities do you have which particularly qualify you for the position for which you are applying? Include laboratory assistantships, apprenticeships, computer skills, clerical skills, publications, honors, languages, supervisory, etc.

EMPLOYMENT HISTORY: Begin with present or last employer and work back listing all employment, self-employment and unemployment for the **last ten years** regardless of the length of time for each. If discharged or asked to resign, give reason for leaving below. Attach sheet if additional space is needed.

May we contact your present employer now? Yes No

EMPLOYER	ADDRESS	TELEPHONE	DATES: MONTH & YEAR FROM/TO
JOB TITLE	SUPERVISOR/TITLE	STARTING SALARY	FINAL SALARY

Reason for leaving:

Describe your work:

EMPLOYER	ADDRESS	TELEPHONE	DATES: MONTH & YEAR FROM/TO
JOB TITLE	SUPERVISOR/TITLE	STARTING SALARY	FINAL SALARY

Reason for leaving:

Describe your work:

EMPLOYMENT HISTORY CONTINUED

EMPLOYER	ADDRESS	TELEPHONE	DATES: MONTH & YEAR. FROM/TO
JOB TITLE	SUPERVISOR/TITLE	STARTING SALARY	FINAL SALARY

Reason for leaving:

Describe your work:

EMPLOYER	ADDRESS	TELEPHONE	DATES: MONTH & YEAR. FROM/TO
JOB TITLE	SUPERVISOR/TITLE	STARTING SALARY	FINAL SALARY

Reason for leaving:

Describe your work:

REFERENCES: List **three** persons with good knowledge of your skills or technical ability such as professors or work associates. Do not list relatives or personal friends, etc. Please asterisk* before name of any you do not wish contacted without special permission.

NAME/TITLE	COMPANY/LOCATION
RELATIONSHIP TO REFERENCE	DAYTIME TELEPHONE & EMAIL ADDRESS

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RELATIONSHIP TO REFERENCE	DAYTIME TELEPHONE & EMAIL ADDRESS

APPLICANTS' CERTIFICATION AND AGREEMENT

Thomas Jefferson National Accelerator Facility (Jefferson Lab) is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, ancestry, age, physical or mental handicap, or on any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

I understand that, if I am hired, I am required to abide by all rules, policies and procedures of Jefferson Laboratory and I understand the Laboratory policies and procedures are subject to modification.

I understand and agree that all information furnished in this application may be verified by the Laboratory and authorize all individuals and organizations named or referred to in this application, and any law enforcement organization to give the Laboratory information relative to such verification. I release such individuals, organizations and the Laboratory from any and all liability for claim or damage resulting therefrom.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, on call assignments, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I certify that the information contained in this application is accurate and understand that any misrepresentation of fact may result in the denial of employment or in termination if I am hired.

I further understand that the Laboratory is not obligated to provide employment and that I am not obligated to accept employment.

I accept this agreement.

Date: _____ Signature: _____

**JEFFERSON LAB
628 HOFSTADLER ROAD
SUITE 2
NEWPORT NEWS, VA 23606
(757) 269-7598**

PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER