Woods Hole Oceanographic Institution
Woods Hole, Massachusetts 02543
Telephone: (508) 457-2000

EMPLOYMENT AND FELLOWSHIP APPLICATION

The Woods Hole Oceanographic Institution is an Equal Opportunity/Affirmative Action Employer

TO APPLICANT:

Read these directions carefully before filling out this application. Please print or type and make sure all pertinent questions are answered completely and accurately. Should you have a disability for which you need special accommodation in order to participate in the application process, please feel free to request such accommodation if you are contacted for an interview. If you have a disability which impairs your ability to complete this application form, please request assistance from the Human Resources Office, ext. 2253 (for employment) or the Education Office, ext. 2219 (for Fellowship/Award).

a) This form must be used for all jobs and appointments unless you are a High School student (in which case there is a separate form). Applicants to the graduate degree program should use a Graduate School application, which can be obtained by writing to the Dean of Graduate Studies.

b) If applying for a fellowship award or scientific position, you are required to submit official transcripts of your complete college and university records. CHECK HERE IF TRANSCRIPTS ARE TO BE MAILED LATER. ☐

c) If applying for employment (Item 2a, b, c, d), please return application to the Human Resources Office. If applying for a Fellowship/Award (2e, f, g, h, i) please return application to the Education Office.

APPLICATION MUST BE FULLY COMPLETED, SIGNED AND DATED.

Part A (All applicants complete this part.)

1. Name _____ Social Security No. _____
Last First Middle

2. This application is for (check appropriate boxes):

a. Regular Employment ☐
b. Marine Employment (Ship's Crew) ☐
c. Part-Time Employment ☐
d. Temporary Employment until _____ ☐
e. Postdoctoral Award ☐
f. Marine Policy and Ocean Management Award ☐
g. Summer Student Fellowship ☐
h. Geophysical Fluid Dynamics Summer Fellowship ☐
i. Minority Trainee ☐
j. Other _____ ☐

3. Position(s) desired _____ /Announcement # _____

4. Salary desired _____ **5.** Date available _____

5a. e-mail address _____

6. Address for reply _____
No. Street City State Zip Code Telephone

7. Home (legal) address _____
No. Street City State Zip Code Telephone

8. Record of Education

	Name and Address	No. Yrs Comp	Field	From Mo. Yr.	To Mo. Yr.	Name of Degree/ Diploma	Date Granted/ Expected
High School							
Colleges or Universities							
Other Licenses & Certifications							

9. Educational expenses earned: _____

10. Honors, scholarships, fellowships, memberships in professional societies: _____

_____

11. Publications (curriculum vitae may be substituted): _____

12. Skills (check off and complete all that apply):

A. Computer skills: ☐ Programming: Languages _____

☐ Word processing – Software used _____ ☐ Spreadsheets – Software used _____

☐ Databases – Software used _____ ☐ Other computer software _____

☐ Other computer skills _____

Systems used: ☐ MacIntosh ☐ PC ☐Other–specify _____

B. Other skills: ☐ Foreign Languages _____ ☐ Speak fluently ☐ Translate written

Typing – WPM _____ ☐ Transcription

13. Interests and Activities: _____

14. Employment History Any Verified Work Performed on a Volunteer Basis May be Cited Below

Present or Most Recent Employer _____ May we contact this employer? Yes ☐ No ☐

Address _____

Street & No. City State Zip Code Telephone

Dates of Employment From (Mo. Yr.) To (Mo. Yr.)	Immediate Supervisor	Rate of Pay
		$ _____ ☐ Hour ☐ Week ☐ Month ☐ Year

Job Title & Description of Work

Reason for Leaving:

Next Previous Employer _____ May we contact this employer? Yes ☐ No ☐

Address _____

Street & No. City State Zip Code Telephone

Dates of Employment From (Mo. Yr.) To (Mo. Yr.)	Immediate Supervisor	Rate of Pay
		$ _____ ☐ Hour ☐ Week ☐ Month ☐ Year

Job Title & Description of Work

Reason for Leaving:

Next Previous Employer _____ May we contact this employer? Yes ☐ No ☐

Address _____

Street & No. City State Zip Code Telephone

Dates of Employment From (Mo. Yr.) To (Mo. Yr.)	Immediate Supervisor	Rate of Pay
		$ _____ ☐ Hour ☐ Week ☐ Month ☐ Year

Job Title & Description of Work

Reason for Leaving:

15. All Applicants, Sea Duty; Please outline all work experience on ocean-going vessels: _____

_____

_____

16. If applying for Marine Employment, please answer the following questions:

a. Merchant Marine Document "Z" Card # _____ License # _____

b. U.S. Coast Guard Endorsements _____

c. Years at sea _____

d. Positions you would consider _____

17. For job related purposes, please indicate service in U.S., state or federal military organizations (give final rank, grade or rating, type of duty and dates of service). _____

_____

18. If any member of your IMMEDIATE family or household is associated with WHOI, please state name and relationship.

_____

19. Were you previously associated with WHOI? Yes ☐ No ☐

If yes, how and when? _____

20. If you have had contact with a WHOI employee regarding employment, please state with whom. _____

21. Have you been convicted of a felony within the past five years? Yes ☐ No ☐

22. References: Applicants for employment, DO NOT use relatives. Applicants for fellowships/awards, see Part B.

Name	Occupation	Current Mailing Address	Telephone
1.			
2.			
3.			
4.			
5.			

Thank you for completing this application form. Consideration for employment at the Institution will be based on your qualifications and work eligibility. In compliance with the 1986 Immigration Reform and Control Act, the Institution requires documentation of U.S. citizenship or eligibility for authorized employment and will condition any employment offer on the satisfactory completion of Form I-9, as required by the Act.Your signature below indicates that you have completed the application and read and agreed to the following statement.

"I understand that if any statements made by me on this application prove to be false, it may prevent my being employed or, if hired, may be sufficient cause for my dismissal and, further, I certify that the facts I have given on this application are true and complete. I hereby authorize my former employers to give any information they have regarding my employment with them. I also release them and their company from any liability or damage whatsoever for issuing this information. I further understand that my employment may be dependent upon the results of a physical examination to be conducted at the request and expense of the Institution. I understand also that, in the event of employment at the Institution, I will be required to abide by all its policies and procedures."

Date_____ **Applicant's Signature** _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

All applicants for fellowships, awards, scientific or technical positions **MUST** complete **Parts B** (below) **and C** (on the next page), as appropriate.

Part B (All Applicants for Fellowships or Awards must complete this part.)

Please have at least three persons listed in Question 23 who can evaluate your academic and/or professional performance complete and return the enclosed forms. **Indicate these persons by an (X) in the left hand margin by their names. DO NOT use relatives.**

1. Proposed period of fellowship: _____ to _____

2. Do you expect your work at WHOI to satisfy part of your degree requirements at another institution? _____

3. If you have in mind a scientific sponsor on the WHOI staff, indicate who: _____

Have you been in contact with this person? _____

Part C (All applicants for fellowships, awards, scientific or technical positions, please complete this part.)

Describe the particular research or technical interests that you would like to pursue at WHOI and your career plans. Include any information which you believe would help us in evaluating your application. (Attach additional sheets if necessary.)

(For use of Human Resources Office and/or Education Office)

Origin of Application:_____ Date: _____

Remarks: