

Pennington Biomedical Research Center

Non-Employee Training General Interest Application

(This is not a fillable form)

I. Personal Information

Application Date:

First Name:

Date of Birth:

MI:

Home Phone:

Last Name:

Cell Phone:

Email:

Are you a U.S. Citizen or green card holder who has the legal right to be in the United States of America? Yes | No |

Gender Male Female

Race: Married Yes No

Immigrant Non-Immigrant

Visa Category Date Granted Exp. Date

A. Permanent Resident Address

Address 1:

Address 2:

City: State Zip

B. School Address

Address 1:

Address 2:

City:

State

Zip

C. Research Experience

1. Do you have prior experience in research? Yes* No

**If yes, please briefly describe your experience:*

2. How did you hear about PBRC Non-Employee Training?

II. References

Please list two professional or academic references. You may list former managers, supervisors or bosses, and/or educational references such as professors or advisors. *Friends and relatives should not be listed.*

A.

Name:

Title and Institution:

Phone

Email

How do you know this person?

B.

Name:

Title and Institution:

Phone

Email

How do you know this person?

III. Academic Information

A. Current Institution

College/University:	<input type="text"/>	City:	<input type="text"/>
Major:	<input type="text"/>	State:	<input type="text"/>
Minor	<input type="text"/>	GPA:	<input type="text"/>
		Classification	<input type="text"/>
Degree to be Awarded:	<input type="text"/>	Anticipated Graduation Date	<input type="text"/>

B. Previous Institution

College/University:	<input type="text"/>	City:	<input type="text"/>
Major:	<input type="text"/>	State:	<input type="text"/>
		GPA:	<input type="text"/>
Minor	<input type="text"/>		
Degree Awarded:	<input type="text"/>	Graduation Year	<input type="text"/>

C. High School

High School:	<input type="text"/>	City:	<input type="text"/>
		GPA:	<input type="text"/>
		State:	<input type="text"/>

IV. Training Preferences

Research Interest (If more than one, please rank)

Please review the training areas listed below and provide your 1st, 2nd and 3rd choice.

- A. Basic Science - research experience in a basic science lab
- B. Clinical Science - studying drug treatments and lifestyle to combat diseases
- C. Population Science - using statistics to study health and disease data sets
- D. Preventive Medicine - lifestyle interventions and studies to prevent chronic disease
- E. Computer science, internet technology, graphic services (circle one)
- F. Imaging - Brain, Metabolism and Body Composition

_____ 1st Choice _____ 2nd Choice _____ 3rd Choice

V. Availability

Please enter the semester or term for which you are applying.

Academic year: (yyyy-yyyy)

Semester

Please enter the earliest date you will be available and the last date you will be available.

Desired Start Date:

Desired End Date:

Scheduling Preferences

Hours available to work per week:

Please fill out your availability:

	Start Time	Stop Time	√ if unavailable
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Comments Regarding your Schedule:

VI. Purpose

Please note your specific training program are affiliation:

Circle One: HHMI, NOYCE, LEARN, Step-Up

Other: _____

Will you receive a stipend from your research training program? Yes No

Are you seeking curriculum credit for your research training? Yes No

**Proof of enrollment or confirmation of future enrollment from academic advisor, is required with application*

Course Number

Credit Hours Available for this Course

Course Supervisor Name

Supervisor Email and/or Phone

Is it your understanding that as a non-employee trainee, you will be participating in a training experience without benefit of any type of compensation from PBRC? Yes No

VII. Required Information

Email information below as scanned pdf attachments.

- 1 Unofficial Transcript **OR** Proof of Enrollment in **relevant** course or major
- 2 Resume/CV - Experience, Education, Skills, Qualifications
- 3 Documentation detailing requirements for 1) course credit, or 2) training program
- 4 A brief essay answering the following questions (1 page or 250 words MAX)

Essay Questions: Submit separate page please

What are your career/professional goals? Where do you see yourself in 3 to 5 years?
How will a research training experience within PBRC enhance your knowledge, skills, and abilities relative to the science industry and your career objectives?

Emergency Contact Name: _____ Phone:_(____) _____ - _____

Relationship to Applicant: _____

VIII. Application Submission

I certify, to the best of my knowledge, that the information contained in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my refusal of eligibility for non-employee student trainee status or immediate discharge.

I understand that with the submission of this application that my eligibility for non-employee student trainee placement is subject to the following:

- i. Successful verification of application information
- ii. Satisfactory check of references

I also understand that this is not an employment application, that no employment relationship is being created, and that there are no wages for time spent in research training. Please print, sign and scan this completed document, with all required supplementary information, and submit as instructed. In signing this document, you officially acknowledge the submission of this application, and confirm that the information entered into this application is true and accurate.

Applicant Signature:

Date :