APPLICATION FOR JILA POSTDOCTORAL RESEARCH ASSOCIATESHIP

1.	Full name:	
2.	Home address and telephone number:	3. Institution address, email, fax, and telephone numbers:
4. /	Approximate beginning date requested:	
5.	Degrees (give institutions and date):	
6.	Professional appointments (include present institution	on and position, and give dates):
7. :	Special honors or awards:	
8. ·	Thesis title or subject:	
r	references should be your PhD thesis advisor.* Pleas	to send professional references on your behalf. If possible, your see have the letter of recommendation sent directly to the Community Engagement bulder, CO 80309-0440, U.S.A. Or they may be submitted via email as an silla.colorado.edu.
10.	In the event that you are awarded a Research Associ	ciateship, will you need to obtain or renew a U.S. visa?
11.	Please check the discipline(s) that best describe(s) y Astronomy (observational) Geophysics/gravitational physics Atomic, molecular, or optical theory Precision measurement, lasers, optics (exp Condensed matter, surface and solid state Provide a few key words about your specific scient	Theoretical astrophysics Chemical physics (experimental) Atomic/molecular physics (experimental) erimental) Quantum information physics Solid state physics
12.	Names of JILA Fellows and faculty members to who	ose attention your application should be brought (less than 3 names):
13.	Will you have, or have you applied for, any addition please furnish details.	nal financial support of your salary and expenses for your research at JILA? If yes,
14.	Please submit the following: a. A copy of the transcript of your graduate record by the University of Colorado at Boulder be b. A list of professional publication accepted or in c. A resume of your research experience and curre	preparation.

The University of Colorado at Boulder is committed to diversity and equality in education and employment. Postdoctoral Research Associate Affirmative Action Questionnaire

Thank you for your recent application or resume. As part of our affirmative action record keeping, JILA invites you to voluntarily provide the following information. Your reply will be kept confidential and will be used only in accordance with federal regulations. A decision not to respond to this questionnaire will not subject any applicant or employee to any adverse treatment.

Response to this form is voluntary, does not request a signature, and is necessary for record keeping.					
Thank you for your help.					
l am an	Asian American	☐ Black	☐ Hispanic		
	☐ Native American	☐ Other			
l am	☐ Female	☐ Male			
I have a handicap as defined in Section 504 of the Rehabilitation Act of 1973.* Pres No					
How did you hear of this position opening?					
	(Month, Day, Year)				

^{** &}quot;Handicapped person" means any person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.