Accessibility Note:

If you are a job seeker with a disability and require a reasonable accommodation to apply for one of our jobs, you will find the contact information to request the appropriate accommodation by visiting the following page:

Accessibility Accommodation for Applicants

Dismiss Note

Apply for

Intern (AppDev)

You can use a resume to fill out your application faster and it will be added automatically as an attachment.



Contact Information

The name on the account you are currently logged in with is displayed below. If you need to make changes to your name, please go to the My Presence page before submitting your application. If this is not your account, please sign out and start the application process again.

Email

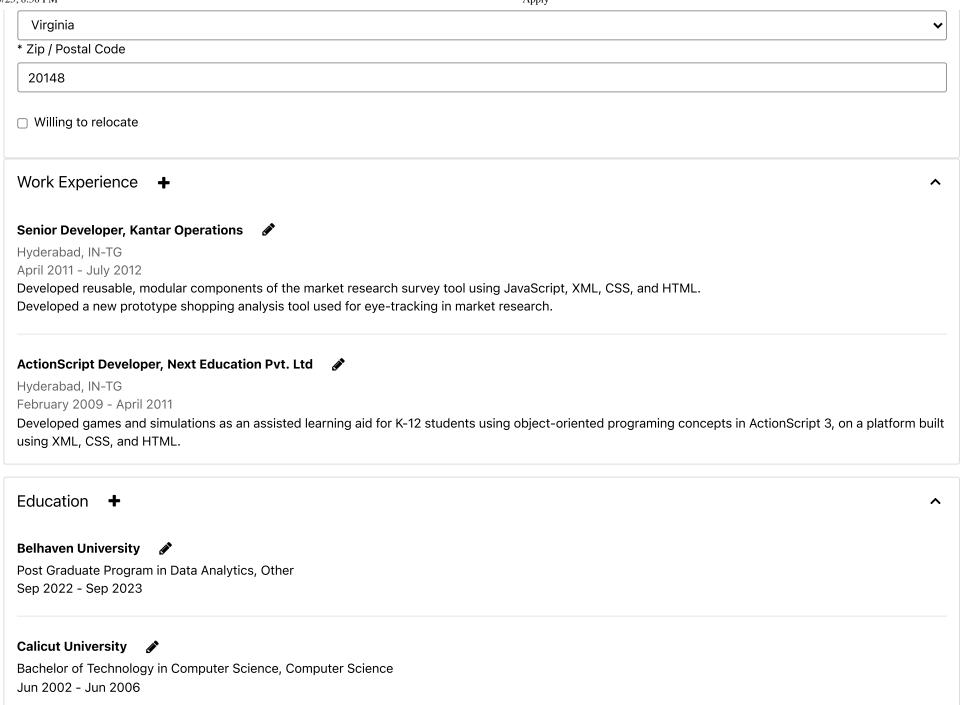
seenatijo@gmail.com

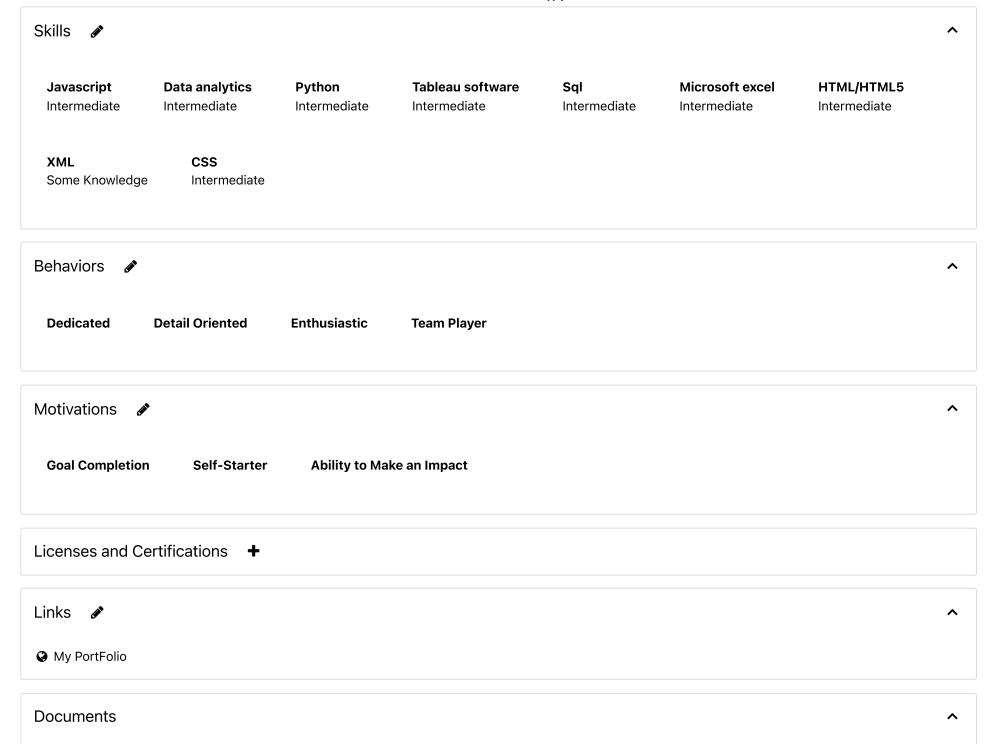
* Required field

Title

Mrs.	•
* First Name	
Seena	
Middle	
* Last Name	
Тіјо	
Suffix	
Choose	•
Former Name (i)	
Primary Phone	
2404086032	
* Country	
United States	•
* Address 1	
23232 Grayling Ter	
Address 2	
* City	
Brambleton	
* State / Province	

Apply





Include documents with your application: choose from your previously uploaded documents or upload new ones. Max 10 attached documents per application. **Description** Ø **File Name Document Type Document Type** File Name ☑ SEENA_TIJO_DATA_ANALYST.pdf Resume Description × Description Questions * Required field * How did you hear about this opportunity? **Employee Referral** Were you referred by a current employee? Yes * Name Sujith Nair, Director of Software Engineering Email snair@acr.org

be considered for maximum revenue.

As part of my previous job, developed reusable, modular components of the market research survey tool using JavaScript, XML, CSS, and HTML. In addition, I developed games and simulations as an assisted learning aid for K-12 students using object-oriented programing concepts in ActionScript 3, on a platform built using XML, CSS, and HTML.

2584 characters left

* What are your hourly rate expectations?
18
Please enter a whole number.
* Are you legally eligible to work in the U.S?
Yes
○ No
* Do you currently require sponsorship to work in the U.S? If no, will you require it in the future?
No. Currently a US resident and not required in the future.
3941 characters left
EEOC - Voluntary Self-Identification Survey
This employer is required to notify all applicants of their rights pursuant to federal labor laws. For further information, please review this notice from the Department of Labor: EEO is the Law poster. You may have additional rights pursuant to recent amendments to federal labor laws. Please review these protections from the EEO is the Law Supplement.
This employer is subject to certain nondiscrimination and/or affirmative action recordkeeping and reporting requirements which require the employer to invite applicants to voluntarily self-identify their race/ethnicity and gender.
* Gender
Female 🗸
☐ I decline to say
* Ethnic Origin 🔞
Not Hispanic/Latino
☐ I decline to say
* Race
Asian

☐ I decline to say	
Veteran Status	
This employer is a Government contractor required to take affirmative action to employ and advance in employment protection to employ and advance in employment protection to employ and advance veterans in employment: 1. Disabled veterans; 2. Recently separated veterans; 3. Active du veterans; and 4. Armed Forces service medal veterans. We are also required to submit an annual report to the U.S. Depart of our employees belonging to each specified -protected veteran- category.	actors are required to take affirmative ty wartime or campaign badge
Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information of	•
* Are you a protected veteran?	
No	~
☐ I decline to say	
Voluntary Self-Identification of Disability	
Form CC-305 Page 1 of 1	OMB Control Number 1250-0005 Expires 05/31/2023
Your Name	
Seena Tijo	
Date	
03/05/2023	
Employee ID: (if applicable)	
Why are you being asked to complete this form?	

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

1 How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- · Blind or low vision
- Cancer
- · Cardiovascular or heart disease
- · Celiac disease
- Cerebral Palsy

- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- · Intellectual disability
- Missing limbs or partially missing limbs

- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

- * Please choose one of the options below:
- O Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- O I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

3/5/23, 8:58 PM	Aţ	pply	
Once you leave this page, you won't be able to edit the information you entered.			
Submit Cancel			
American College of Radiology ☑			