



## Colleges and Universities Attended

| Name & Location | From |    | To |    | Degree & Date Expected<br>(or Received) | Course of Study |       |
|-----------------|------|----|----|----|---|-----------------|-------|
|                 | Mo   | Yr | Mo | Yr |   | Major           | Minor |
|                 |      |    |    |    |   |                 |       |
|                 |      |    |    |    |   |                 |       |
|                 |      |    |    |    |   |                 |       |

Your area of Specialization in your major field: \_\_\_\_\_

## Previous Employment Beginning with Present

| Organization & Address | Supervisor | To |    | Your Title & Responsibilities |
|------------------------|------------|----|----|-------------------------------|
|                        |            | Mo | Yr |                               |
|                        |            |    |    |                               |
|                        |            |    |    |                               |
|                        |            |    |    |                               |

Current Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (e.g. 9 months, 10 months, 12 months)

## Recent Publications

(If more space is required, continue on a separate sheet.)

| Give appropriate identification in space below (e.g., if book, show publisher; if technical article, show journal title, volume, page; if report, show organization). | Date | Co-Authors | Title |
|---|------|------------|-------|
|   |      |            |       |
|   |      |            |       |
|   |      |            |       |
|   |      |            |       |
|   |      |            |       |
|   |      |            |       |

Have you had a previous appointment at Argonne?  Yes  No

If yes, what type of appointment?

Regular Employee  Temporary Employee  Research Participant  Consultant

Date of appointment \_\_\_\_\_

Have you attended any Argonne Division of Educational Programs tutorial events?

Faculty Workshop  Faculty Institute  Conference  None of these

Date(s) attended \_\_\_\_\_

How did you learn of the Argonne Faculty Research Participation Program?

\_\_\_\_\_

List three professional references, including department head, dean or other immediate administrative supervisor. Please give the reference forms to those individuals you have listed to complete and return to the Argonne Division of Educational Programs on your behalf.

| Name | Position | Complete Address<br>(include Zip Code) | Phone<br>(Include Area Code) |
|------|----------|--|------------------------------|
|      |          |  |                              |
|      |          |  |                              |
|      |          |  |                              |

Comment on the manner in which you expect you and your college or university to benefit from your research participation at Argonne.

**CERTIFICATION**

I certify that the above statements, and those on any attachments to this form, are true and complete. **I understand that any falsification or omission of material facts is sufficient cause for immediate withdrawal of an employment offer or discharge.** I understand that in the course of evaluating this information, Argonne National Laboratory will make such inquiries into my past employment and activities as are considered necessary.

**IMPORTANT** - I authorize investigation of all matters contained in this form and also authorize any of my references and employers to furnish information requested by Argonne National Laboratory and I hereby release all such persons and organizations from any claims for damages by reason of furnishing such information or records.

Signature \_\_\_\_\_

Date \_\_\_\_\_





**SALARY CERTIFICATION FORM**

**FACULTY RESEARCH PARTICIPATION PROGRAM**

**TO BE COMPLETED BY APPLICANT:**

Name \_\_\_\_\_

Department \_\_\_\_\_

University \_\_\_\_\_

Address \_\_\_\_\_

**TO BE COMPLETED BY DEPARTMENT CHAIR OR DEAN:**

Since the stipend for the Faculty Research Participation Program will be based on the applicant's current salary (up to the program maximum), please furnish this information in the space provided below.

Applicant's Current Academic Year Salary: \_\_\_\_\_ for \_\_\_\_\_ months.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Department Chair or Dean

\_\_\_\_\_  
(Please Print) First Name Last Name MI

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail address

**PLEASE RETURN FORM TO:**

**ARGONNE NATIONAL LABORATORY, HUMAN RESOURCES – TALENT ACQUISITION  
FACULTY@ANL.GOV**



**EVALUATION FORM**

**FACULTY RESEARCH PARTICIPATION PROGRAM**

**Evaluation of the Applicant for a Faculty Research Participation Appointment at  
Argonne National Laboratory**

**TO BE COMPLETED BY APPLICANT**

Name: \_\_\_\_\_ Field: \_\_\_\_\_  
Length of Appointment  
University: \_\_\_\_\_ Sought: \_\_\_\_\_ weeks

Brief statement of your research interests and purposes in applying for a Faculty Research Participation appointment.

**TO BE COMPLETED BY PERSON SUBMITTING REFERENCE**

Name of Person  
Submitting Reference: \_\_\_\_\_

Institution: \_\_\_\_\_

Title and Field  
of Specialty: \_\_\_\_\_

1. How long and in what capacity have you known the applicant?

**EVALUATION FORM (CONTINUED)**

2. From your knowledge of the applicant and the objectives of this program please indicate in the space provided particular strengths and weaknesses that you perceive in the applicant in relation to this appointment.

**Strengths**

**Weaknesses**



3. In the space below, please add any other descriptive comments which will assist in providing a complete picture of how the proposed appointment will enhance the applicant's teaching and research.

4. To what extent do you recommend him/her for a Faculty Research Participation appointment.

Do Not Recommend    Recommend    Highly Recommend

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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