



**GUEST FACULTY RESEARCH PARTICIPATION PROGRAM (NO PAY)  
ARGONNE NATIONAL LABORATORY, HUMAN RESOURCES – TALENT ACQUISITION  
FACULTY@ANL.GOV**

**Instructions:** Please fill out this application and return it to the above address. Please attach your curriculum vitae or resume.

Name: \_\_\_\_\_  
Last First Middle

Institution: \_\_\_\_\_  
Name City State Zip

Institutional Department & Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Rank: \_\_\_\_\_ Departmental Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Person to notify in an Emergency: \_\_\_\_\_ Address: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Using the Research Participation Catalog ([www.dep.anl.gov/catalog/catalog.htm](http://www.dep.anl.gov/catalog/catalog.htm)) list the proposed research division, the research number of the research projects that are of most interest to you and the underscored title.

PREFERENCE	DIVISION	NUMBER	TITLE
1			
2			

*Argonne National Laboratory does not provide you with medical coverage for non-job related injuries. You are urged to have a health insurance policy enforce while you are at Argonne. Your signature indicates your understanding of this requirement and your intention to abide by this condition.*

**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 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 \_\_\_\_\_



A U.S. Department of Energy laboratory managed by The University of Chicago



**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?



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: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

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