# GUEST FACULTY RESEARCH PARTICIPATION PROGRAM (NO PAY)

**ARGONNE NATIONAL LABORATORY, COMMUNICATIONS, EDUCATION & PUBLIC AFFAIRS DIVISION**
**9700 SOUTH CASS AVENUE/CEP 360, ARGONNE, IL 60439-4845. Telephone: (630)-252-5448**

**Instructions: Please type or print (in black ink) 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) 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