



An Equal Opportunity Employer

Employment Application Form

CONDITIONS OF EMPLOYMENT INCLUDE:

Verification of work eligibility as mandated by Federal Immigration Law; U.S. Citizenship for positions requiring security clearance; passage of drug and alcohol tests; random drug testing during employment for certain positions; physical examination after offer of employment.

LAST NAME	FIRST	Middle			
MAILING ADDRESS	APT. #	CITY	COUNTY	STATE	ZIP CODE
PHONE: HOME () -	E-Mail Address: _____				
WORK () - ext.	Fax: _____				
Position Desired: _____	Salary Desired: \$ _____		per _____		

EDUCATION

(Name/Location)		GRADUATED			
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO			
UNIVERSITY OR OTHER SCHOOL	ATTENDED (YR TO YR)	<input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE NAME & DATE	DEGREE MAJOR	GPA
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

IF YOU ARE CURRENTLY A STUDENT, LIST EXPECTED DEGREE AND ANTICIPATED GRADUATION DATE:

LAST NAME _____ FIRST _____ M.I. _____

EMPLOYMENT HISTORY

Start with current/last employer and work back, including self-employment. If academic, please state if base salary is for 9 mo. or 12 mo. period. If discharged (fired) or asked to resign, please explain. Attach additional sheets, if necessary. List other income (e.g., bonus or employers consulting) separately from base salary.

NAME OF EMPLOYER		Hrs/Wk	Supervisor	Phone
Street Address		City		State Zip Code
From (mo/yr)	Salary Per	To (mo/yr)	Salary Per	
Reason for leaving				
Job Title(s)				
May we contact your current supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unemployed				

NAME OF EMPLOYER		Hrs/Wk	Supervisor	Phone
Street Address		City		State Zip Code
From (mo/yr)	Salary Per	To (mo/yr)	Salary Per	
Reason for leaving				
Job Title(s)				

NAME OF EMPLOYER		Hrs/Wk	Supervisor	Phone
Street Address		City		State Zip Code
From (mo/yr)	Salary Per	To (mo/yr)	Salary Per	
Reason for leaving				
Job Title(s)				

NAME OF EMPLOYER		Hrs/Wk	Supervisor	Phone
Street Address		City		State Zip Code
From (mo/yr)	Salary Per	To (mo/yr)	Salary Per	
Reason for leaving				
Job Title(s)				

LAST NAME _____	FIRST _____	M.I. _____
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NAME OF EMPLOYER		Hrs/Wk	Supervisor	Phone
Street Address		City		State Zip Code
From (mo/yr)	Salary Per	To (mo/yr)	Salary Per	
Reason for leaving				
Job Title(s)				

REFERENCES

List **FOUR** individuals, e.g., supervisors, senior colleagues, professors, who know of your work or educational experience. List their current phone numbers, including area codes and extensions, and e-mail addresses. **Do not list friends or relatives.**

<u>Name:</u>	Relationship:
Employer:	Business Address:
E-Mail Address:	Work/Home Phone:

<u>Name:</u>	Relationship:
Employer:	Business Address:
E-Mail Address:	Work/Home Phone:

<u>Name:</u>	Relationship:
Employer:	Business Address:
E-Mail Address:	Work/Home Phone:

<u>Name:</u>	Relationship:
Employer:	Business Address:
E-Mail Address:	Work/Home Phone:

LAST NAME _____ FIRST _____ M.I. _____

OTHER INFORMATION

YES NO Are you under age 18?

YES NO Have you ever been an Argonne employee? If yes, provide dates and departments:

YES NO Have you ever been an employee of a contract or supplemental labor agency at Argonne?
If yes, provide company name _____

YES NO Have you ever held a federal government security clearance? If yes, provide:
Organization Name(s): _____
Date: _____ Clearance Type: _____

YES NO Have you ever served in the military? If yes, provide:
Dates: _____ Branch _____ Rank _____

YES NO Do you have any near relatives employed by Argonne (e.g., parents, children, brothers, sisters,
aunts, uncles, nieces, nephews, grandparents, grandchildren, step relatives and in-laws in the same
relationship)? If yes, give name(s) and relationship(s).

YES NO Have you ever been convicted of or pleaded guilty to a felony or a misdemeanor? If yes, provide
date, location, court jurisdiction, charge, and disposition including fines and/or imprisonment.
You are not obligated to disclose sealed or expunged records of conviction or arrest.
Note: Conviction of a felony/misdemeanor may not disqualify you. Criminal backgrounds are
reviewed in relation to job requirements.

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 _____