

**BIOGRAPHICAL INFORMATION FOR THE RESEARCH ASSOCIATE PROGRAM
OF THE FLORIDA STATE COLLECTION OF ARTHROPODS**

Division of Plant Industry, Florida Department of Agriculture & Consumer Services
P.O. Box 147100 (1911 SW 34th Street) Gainesville, FL 32614-7100
(Please type or print to complete)

NAME IN FULL: _____

HOME ADDRESS: _____

HOME PHONE:(_____) _____

BUSINESS ADDRESS: _____

JOB TITLE: _____

PLACE & DATE OF BIRTH: _____

EDUCATION:

HIGH SCHOOL / UNIVERSITIES ATTENDED:	DEGREE:	DATE:

COLLEGE HONORS RECEIVED: _____

PROFESSION OR BUSINESS CAREER:

Place of Employment:	Job Title / Duties	Dates:	

SCHOLASTIC, HONORARY, & PROFESSIONAL FRATERNITIES & SOCIETIES: _____

PROFESSIONAL, COMMUNITY & CIVIC AWARDS: _____

OTHER INFORMATION WHICH MIGHT BE OF VALUE FOR BIOGRAPHICAL PURPOSES: _____

RESEARCH INTERESTS: _____

CURRENT RESEARCH PROJECTS: _____

CURRENT JOB RELATED RESPONSIBILITIES: _____

PUBLICATIONS: *Please attach a complete chronological list of your publications pertaining to arthropods and the field of entomology. (Your current CV or resume can be used if you wish.)*

PHOTOGRAPH: *Please submit a personal photograph, wallet size or larger. (A digital photograph is acceptable) (Would you object to having your photo posted to a Research Associate page at the FSCA web site?)*

Do you want to receive an arthropod collecting permit for Florida State Parks?	
<input type="radio"/> Yes	<input type="radio"/> No
On your behalf, we will request a collecting permit for Florida State Parks to be issued by the Florida Department of Environmental Protection, if you so desire. There are specific guidelines and restrictions that will apply to the permit.	

SIGNATURE

DATE