

AMERICAN BIOLOGICAL SAFETY ASSOCIATION

1200 Allanson Rd.
Mundelein, IL 60060
Telephone: 847-949-1517
Fax: 847-566-4580
Email: jsavage2@covad.net

**PROFESSIONAL
BIOLOGICAL SAFETY
EXPERIENCE**

NAME	(Last)	(First)	(Middle)
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List each assignment in chronological order, beginning with your current position. Summarize each assignment, but give sufficient detail to signify the degree of responsibility, the nature of your decisions you are (were) required to make, and additional duties required by the position. Account for all time for at least the past 15 years, including any non-biosafety related assignments. Indicate your exact activities in each position which support the biological safety responsibilities of the position. Use a separate sheet, if necessary.

DATES OF EMPLOYMENT From Mon/Yr to Mon/Yr	NAME OF EMPLOYER/ADDRESS
NAME/TITLE OF IMMEDIATE SUPERVISOR	POSITION TITLE
	TOTAL MONTHS IN ASSIGNMENT
NUMBER OF EMPLOYEES FOR WHICH YOU PROVIDE SAFETY SERVICES	MAJOR PRODUCT OR SERVICE OF THIS EMPLOYER
SUMMARY OF WORK ASSIGNMENT Include Percent of Time on Biosafety	

NAME (Last) (First) (Middle)	
DATES OF EMPLOYMENT From Mon/Yr to Mon/Yr	NAME OF EMPLOYER/ADDRESS
NAME/TITLE OF IMMEDIATE SUPERVISOR	POSITION TITLE
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