

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
 Division of Health and Environment Laboratories
 Topeka, Kansas

PERSONNEL INFORMATION

NAME: _____

TITLE: _____

LABORATORY: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EDUCATION

	Name and Address	Semester Credit Hours in Chemistry and Microbiology	Year Graduated	Degree and Major Area of Study
High School				
Tech. School or College				
Graduate Studies				

EXPERIENCE: Include all experience involving chemical, microbiological or radiochemical analyses.

Analyses now being done: _____

Laboratory and Address	Date Employed		Duties (Including specific analyses performed)
	From	To	

DATE: _____ SIGNATURE: _____