

# Peer Reviewer Background and Experience Form

Name \_\_\_\_\_

Firm Name \_\_\_\_\_ Established \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Previous Firm (if significant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Professional Services Offered

	Current Firm	Previous Firm(s)	Comments
Geotechnical	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drilling	<input type="checkbox"/>	<input type="checkbox"/>	_____
Materials Testing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Environmental	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phase I	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phase II	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phase III	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brownfields	<input type="checkbox"/>	<input type="checkbox"/>	_____
Civil Engineering	<input type="checkbox"/>	<input type="checkbox"/>	_____
Environmental Science	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Wetlands...)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other \_\_\_\_\_

\_\_\_\_\_

Your Position with This Firm \_\_\_\_\_

**Summary of Key Responsibilities** \_\_\_\_\_\_\_\_\_\_  
**Branch Offices** No ☐ Yes ☐ \_\_\_\_\_

(How Many)

List Regions (Locations) and Sizes

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Areas of Personal Expertise**

(Check all boxes that apply to your current position and business expertise.)

	I primarily do this	I primarily manage this	I supervise firm's activities	I am aware of activities	No significant experience
Business Management					
Facilities and Technical Resources					
Human Resources Management					
Professional Development					
Financial Management					
Project Management					
Marketing Practices					
Electronic Resources Management					
Image and Culture					

**Peer Reviewer Training**

GBA Training Session(s) Attended: \_\_\_\_\_

**Peer Review Experience**

Has your current firm been Peer Reviewed?

Yes ☐ No ☐

How many times? \_\_\_\_\_

Most recent (date) \_\_\_\_\_

**Brief Statement about Benefits of Being Reviewed** \_\_\_\_\_

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**Peer Reviews Completed (or see attached résumé)**

Name of Firm Reviewed	Team Captain	Peer Reviewer	Year