

# Application for Academic Employment



Date: \_\_\_\_\_ Job Number: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Previous or Maiden Name(s): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

	Name of Institution	Major	Degree	Date Completed/Expected
Education	College or University _____	_____	_____	_____
	College or University _____	_____	_____	_____
	College or University _____	_____	_____	_____
	College or University _____	_____	_____	_____

Related Qualifications	Certifications/Driver's License/Other Licenses (Complete if applicable to position for which you are applying)			
	Type	Class/State	Level	Expiration Date
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

## REQUIRED

Please complete the Supplemental Application for Academic Employment posted at:

<http://training.humboldt.edu/survey/index.php?sid=64863&lang=en>

*In order for your application to be complete, the Supplemental Application must be filled out and submitted online.*

**ANNUAL SECURITY AND FIRE SAFETY REPORTS NOTICE OF AVAILABILITY:** Humboldt State University is committed to assisting all members of the Humboldt State community in providing for their own safety and security. The annual security and fire safety compliance document is available on the Humboldt State University Police website at: [http://humboldt.edu/police/Downloads/clery\\_crime\\_report.pdf](http://humboldt.edu/police/Downloads/clery_crime_report.pdf). The police department website, the Annual Security Report (Clery Report) and the Fire Safety Report contain information regarding campus security and personal safety including topics such as: crime prevention, fire safety, university police law enforcement authority, crime reporting policies, disciplinary procedures and other matters of importance related to security and safety on campus. They also contain information about crime statistics for the three previous calendar years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Humboldt State University; and on public property within, or immediately adjacent to and accessible from the campus. If you would like to receive a hard copy of the Annual Security and Fire Safety Report which contains this information, you can stop by the Student Business Services Building Room #101 at #1 Harpst Street, Arcata, CA 95521 or you can request that a copy be mailed to you by calling 707-826-5555 or email: [hsupd@humboldt.edu](mailto:hsupd@humboldt.edu). This information is required by law and is provided by Humboldt State University Police Department.

*The University is an ADA/TitleIX/Equal Opportunity Employer and does not discriminate against persons on the basis of age, disability, disabled veteran or Vietnam-era veteran status, gender, marital status, national origin, race, religion, or sexual orientation.*

# Employment History

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Job Number

\_\_\_\_\_  
Department

List all previous employment for a minimum of five years. List your most recent employment first. Complete additional information page (s), if necessary. **All information requested below not included on the curriculum vitae must be completed.**

May we contact your present employer?  Yes  No

May we contact your previous employers?  Yes  No

## Employer #1

Dates of Employment (Mo/Yr)

\_\_\_\_\_  
From To

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Immediate Supervisor Supervisor's Telephone

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Reason for Leaving

Job Duties

## Employer #2

Dates of Employment (Mo/Yr)

\_\_\_\_\_  
From To

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Immediate Supervisor Supervisor's Telephone

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Reason for Leaving

Job Duties

## Employer #3

Dates of Employment (Mo/Yr)

\_\_\_\_\_  
From To

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Immediate Supervisor Supervisor's Telephone

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Reason for Leaving

Job Duties

## Employer #4

Dates of Employment (Mo/Yr)

\_\_\_\_\_  
From To

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Immediate Supervisor Supervisor's Telephone

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Reason for Leaving

Job Duties

