Application for Academic Employment



Date:	Job Number	•	Position Applying	g For:		
Departn	nent:	Email Address:				
Name:	Last	First		Con	tact Phon	e:
Previous	s or Maiden Name(s):					
Address	Street	City			State	Zip
Education	College or University College or University College or University College or University College or University		on	Major	Degree	Date Completed/Expected
Related Qualifications	Certifications/Driver's License/Ot	ther Licenses (Comple	ete if applicable to Class/State	position for whi	-	e applying) 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. 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. 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 matory	Last Name	Fi	rst Name	Job Number Department	
List all previous employment for (s), if necessary. All information				mployment first. Complete additi um vitae must be completed.	onal information pag
May we contact your present o	employer?	Yes No	May we cor	ntact your previous employers?	Yes No
Employer #1					
Dates of Employment (Mo/Yr)					
From	То	· <u> </u>		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	То			Job Title	
				Immediate Supervisor	Supervisor's Telephone
Name of Employer		Employer's Address		Reason for Leaving	
Job Duties		1			
Employer #3					
Dates of Employment (Mo/Yr)					
From	То			Job Title	
				Immediate Supervisor	Supervisor's Telephone
				- IIIIII Calate Superior	- Jupervisor 5 receptions
Name of Employer		Employer's Address		Reason for Leaving	
Job Duties					
Employer #4					
Dates of Employment (Mo/Yr)					
From	То			Job Title	
				Immediate Supervisor	Supervisor's Telephone
Name of Employer		Employer's Address		Reason for Leaving	
Job Duties		<u> </u>			
			Pg. 2		

Employment History

Additional			
Employment History	Last Name	First Name	Job Number Department
Employer #5			
Dates of Employment (Mo/Yr)			
Ī	From To		Job Title
			Immediate Supervisor Supervisor's Telephone
Name of Employer			initiediate Supervisor Supervisor S releptione
Name of Employer		Employer's Address	Reason for Leaving
Job Duties			
Employer #6			
Dates of Employment (Mo/Yr)			
	From To	_	Job Title
			Immediate Supervisor Supervisor's Telephone
Name of Employer		Employer's Address	Descen for Leaving
Job Duties		Employer's Address	Reason for Leaving
- Sob Buttes			
knowingly withheld any to verification and that shoul these materials may be suf	acts or circumstand d I be employed at ficient reason for dis	ces. I understand that all statements Humboldt State University, any false st	his position are true and correct and that I have no made in my application materials are subject t atements, misrepresentation or omission of facts i he University. The application materials include the c.)
appropriate persons or fire	ns will be contacted		nployer, any relevant previous employer, and other to hold such employers, references, persons, etc ion regarding my employment record.
employment eligibility will that it is my responsibility	be verified upon en to obtain and/or ma	nployment. If I do not currently have pe	wfully eligible to work in the United States and that ermanent eligibility to work in the U.S., I understan f eligibility to work at any future date will invalidat ork in the United States.
Librarian, Counselor, and C	oach positions will	oe subject to and will be required to pa	an, Tenure-line Faculty, Lecturer, Visiting Faculty ss a criminal background check prior to any offer o ocument, Oath of Allegiance, as an employee in th
I have received and review application.	ed the ANNUAL SEC	URITY AND FIRE SAFETY REPORTS NOTIC	E OF AVAILABILITY located on pg. 1 of this

Signature

Date

I am submitting this application electronically without a signature. Despite the lack of a signature, I certify that the information contained in the application is true and correct to the best of my knowledge. If I continue in the selection process, I will provide a signed application to HSU.