

CALIFORNIA STATE UNIVERSITY, EAST BAY
Hayward, California 94542

ACADEMIC APPLICATION
(Not a Contract)
Applicants may attach a
personal resume

To be executed by applicant and appointing authority (3 copies required) for the department of _____

1. Name _____ 2. Social Security No. _____
First Middle Last

3. Address _____
Number & Street City State Zip

4. Phone No. _____ Email: _____
Home Office

5. In emergency notify _____
Name Address Home Phone Work Phone

6. Proof of legal authorization to work in the U.S. will be required prior to appointment, in accordance with the Immigration Reform and Control Act of 1986.
7. Were you ever discharged from any employment? Yes No If "yes" explain on page 2 of this form.
8. Formal education including college or university, and other schools in special subjects: If additional space is needed please list on page 2 of this form.

Name of College or University	Location	From Mo/Yr	To Mo/Yr	Units Credit	Major Field	Degree and Date

9. Professional Certification _____

10. Previous Employment: Begin with current or last employment. Please include applicable volunteer experience. (Include details of any employment with the State of California.) If additional space is needed use page 2 of this form.

Name of School or Other Agency	Position Title and/or Academic Rank	Location (City & State)	% Time Employed	From Mo/Yr	To Mo/Yr	Monthly Salary*

*Not required for adjunct faculty

11. Have you ever been convicted of any offense other than a minor traffic violation since your 18th birthday? Yes No (If "Yes" explain. You may omit offenses which were settled in juvenile court or under a welfare youth offender law. A "Yes" answer does not automatically disqualify you from consideration for employment.)
12. If you are not a U.S. citizen or permanent U.S. resident, what is your visa status?
13. Publications: (Include an attached resume.)
14. The above statements are true to the best of my knowledge and belief. _____
Signature Date

UNIVERSITY USE ONLY

_____ has been assigned to: _____ Department
 _____ Teaching Specialty
 _____ with Department (if any)

15. Approved for: Academic rank _____, effective _____

Date _____ Signed _____
Appointing Authority

Use this space for any continuing items from page 1.

16. State of California
 PRIVACY NOTICE

Section 1798.17 of the Civil Code requires this notice to be provided when collecting personal or confidential information from individuals

Agency Name CALIFORNIA STATE UNIVERSITY, EAST BAY	Division Academic Affairs
Title of official responsible for maintenance of the information. Provost and Vice President, Academic Affairs	
Business address of official 25800 Carlos Bee Blvd., Hayward, California 94542	Telephone number (510) 885-3711
Authority which authorizes the maintenance of the information. California Information Practices Act of 1977, California Records Management Act, Donahoe Higher Education Act and Title 5, California Administrative Code Sections 42396 through 42936.5, Education Code Section 89546 and Chancellor's Office of Faculty and Staff Affairs Memorandum FSA 78-38	
The following items of information are voluntary, all others are mandatory. Item 5	
The consequences, if any, of not providing all or any part of the requested information. (Except item 5) Cannot hire	
The principal purpose(s) within the agency for which the information is to be used. Employment records	
Known or foreseeable interagency or intergovernmental transfers of the information. None	
Each individual has the right to review personal information maintained by this agency, unless access is exempted by law.	