

CALIFORNIA STATE UNIVERSITY, EAST BAY
25800 Carlos Bee Boulevard, Hayward, California 94542

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

To be executed by applicant and appointing authority for the department of _____

1. Name _____
First Middle Last

2. Address _____
Number & Street City State Zip

3. Phone No. _____ Email: _____
Home Office

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

5. Were you ever discharged from any employment? Yes No If "yes" explain on page 2 of this form.

6. Formal education including college or university, and other schools in special subjects. If additional space is needed please list on page 2.
Please note: Official transcripts for qualifying degree(s) are required upon offer of employment.

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

7. Professional Certification _____

8. Publications: Please include an attached resume/C.V.

9. 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

10. Proof of legal authorization to work in the U.S. is required by the date of appointment, pursuant to the Immigration Reform and Control Act of 1986.
 Are you currently authorized to work in the United States? Yes No

11. A background check (including a criminal records check and prior employment verification) must be completed and cleared prior to the start of employment. Have you completed one previously (either through LiveScan or Accurate Background) at CSUEB? Yes No

Date completed: _____ LiveScan Accurate Background

12. **The above statements are true to the best of my knowledge and belief.** _____
Signature Date

DEPARTMENT/COLLEGE USE ONLY

Name: _____ has been assigned to: _____ Department

(If applicable) Teaching Specialty: _____ with Department: _____

13. Requires university sponsorship for employment visa status? Yes No

14. Has been a lecturer previously with CSUEB? Yes No

If yes, please give: Department: _____ Dates: _____

15. Approved for: Academic rank _____, effective (qtr/yr)

APPROVAL BY THE OFFICE OF ACADEMIC AFFAIRS

16. Date: _____ Signed: _____
Approving Authority

17. 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
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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
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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 10

The consequences, if any, of not providing all or any part of the requested information. (Except item 9)
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.