

HIRING UNIT MUST COMPLETE FOR PROCESSING:

Hiring Unit:			
Position:		Posting FY#:	N/A
Contact:		Phone:	



ADJUNCT FACULTY EMPLOYMENT APPLICATION

(This form is required prior to offering employment.)

Instructions: Type or print in ink, signature required. You may provide a resume or vita to supplement this form.

Name:	(last)		(first)		(m.i.)	
Previous Name(s):						
Home Address, City, State & Zip:						
Home Phone:				Personal E-mail:		
Business Address, City, State & Zip:						
Bus. Phone:				Bus. E-mail:		

Are you eligible to work in the United States? YES NO

Educational History (List information pertaining to the institution awarding your highest accrediting degree)

<i>Name of Institution</i>	<i>Location (City, State)</i>	<i>Dates: (Mo/Yr)-(Mo/Yr)</i>	<i>Degree Earned</i>

Academic Specialization

Undergraduate (Fields of Study):	_____
Graduate (Fields of Study):	_____
Doctorate (Fields of Study):	_____

NOTE: An official degree-bearing transcript of your highest accredited degree must be sent directly to SIUE from the institution which granted the degree OR attach a copy of professional licenses.

Employment History: List below your most recent work experience. Describe this position emphasizing your professional, supervisory and committee duties. Give special attention to experience relating to the position for which you are applying. You are free to provide additional work experience by attaching additional sheets as necessary.

Employer:	_____	Employed From:	_____	To:	_____	Total Time:	_____
Complete Address:	_____						
Ending Salary:	_____	Your Title/Rank:	_____				
Reason for Leaving:	_____						
Specific Duties:	_____						
Supervisor's Name & Phone No.:	_____						

ALL APPLICANTS MUST COMPLETE BEFORE BEING CONSIDERED FOR EMPLOYMENT:	
1. Have you ever been convicted of a misdemeanor or felony, or pleaded no contest?	
a. <input type="checkbox"/> YES (please provide an explanation including date, offense, city, and state.)	
b. <input type="checkbox"/> NO	
2. May we contact your current employer?	
a. <input type="checkbox"/> YES	
b. <input type="checkbox"/> NO	

Certification of Applicant: The statements that I have made in this application, including all other materials submitted for consideration, are true and complete to the best of my knowledge, and I understand that any alteration or concealment of a material fact will result in my disqualification before appointment or dismissal after appointment. I hereby authorize Southern Illinois University Edwardsville and its representatives to investigate my background. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release Southern Illinois University from any and all liability which may be incurred as a result of collecting and considering such information. I understand that all reference responses are confidential and are not available to my inspection.

Date: _____ **Signature of Applicant:** _____

The SIUE Annual Security and Fire Safety Report is available online at <http://www.siu.edu/securityreport>. The report contains campus safety and security information, crime statistics, fire safety policies, and fire statistics for the previous three calendar years. This report is published in compliance with Federal law, titled the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act" and the Higher Education Opportunity Act also known as the "Campus Fire Safety Right to Know." For those without computer access, a paper copy of the report may be obtained, with a 24-hour notice, from the Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, 618-650-2536.