## **FACULTY**

## **BIOGRAPHICAL STATEMENT**

				Date	
Name					_
Last		First		Middle	
University/ E	Business Address _				
Office Phone	e	Fax. #			
E-mail Addre	ess		<del></del>		
Home Address		Home Phone			
	No. & Street				
	City, State		Zip Code		
Can you, after	er employment, sub	omit verification of yo	our legal right to work in the U	nited States?	
DEGREES					
Bachelor's _					
	Degree	Field	Institution		
Master's					
	Degree	Field	Institution		
Doctorate					
	Degree	Field	Institution		
Do you have	e any condition or ph	nysical disability which	ch would impair your performa	ance of the functions of th	e position applied for?
			ctions with accommodation, v		ccommodation
Have you ev			han minor traffic violations? _		
			SUSB? [ ] Yes [	] No	
If yes, when					

	PERS	STRS	Neither					
every new er	nployee which confirm applies to both United	s identity and author	izes that indivi	equires that employers obtai dual to accept employment i provide the necessary doci	in this country. This			
Yes [ ]	No [ ]							
Oath of Alleg		irming) your support	of the Constitu	a will be required to sign the tion of the United States and oath?				
Yes [ ] N	lo[ ]							
The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act requires the notice of availability of the annual campus security report to prospective faculty. The annual security report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by the California State University and on public property within, or immediately adjacent to and accessible from, the campus. The report also includes institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report by contacting the campus Office of Public Safety or by accessing the following website: http://publicsafety.csusb.edu/safetyreport.html								
This information may be used only for the purpose of employment in accordance with the Information Act of 1977.								
I hereby certify that the information contained in this application form is true, complete and correct to the best of my knowledge and agree to have any of the statements checked by the University unless I have indicated to the contrary. I authorize the individuals and/or organizations, entities or agencies described in this application to release to the University any and all information concerning my previous employment (including, but not limited to, achievement, performance, attendance, etc.) an any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the University as well as from the use or disclosure of such information by the University or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, may be considered cause for my termination.								
Applicant's Si	gnature			Date				
d:\wpv	win60\recruit\biostate.fac							

Currently contributing to or receiving retirement benefits from: