



Graduate Study						
Graduate Study						
Other Schools						
Other Schools						

Send copies of undergraduate and graduate transcripts to the appropriate Department Chairperson at FSU, **unless directed otherwise in the position announcement**. Official transcripts required before final appointment.

Subjects you are best qualified to teach:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**III. EMPLOYMENT RECORD** for past ten (10) years (Begin with latest employer and account for all work or non-work periods, use additional sheets if necessary)

<b>Employer &amp; Supervisor's name/phone #/e-mail</b>	<b>Address</b>	<b>Your Position</b>	<b>From-To (month/yr)</b>

May we contact current employer?  Yes  No (If no, please be aware that FSU will need to speak to your current employer prior to any final offer of employment.)

Have you been fired or dismissed from employment in the last ten (10) years?  Yes  No (If yes, explain fully on an additional sheet.)

**IV. HONORS AND AFFILIATIONS**

A. HONORS (Graduation Honors, Fellowships, and other Awards):

1. \_\_\_\_\_
2. \_\_\_\_\_

**B. MEMBERSHIPS IN PROFESSIONAL/ACADEMIC ORGANIZATIONS AND/OR SOCIETIES:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**V. RESEARCH**

List any books, articles, reviews, dissertations, or reports you have written or any scholarly papers you have delivered at professional meetings:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**VI. COMMUNITY SERVICE**

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

List in order of preference, extra-curricular interests and capabilities:

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

**VII. REFERENCES**

List names, addresses, telephone numbers, and e-mail addresses of persons who have knowledge of your academic, professional and/or community service accomplishments.

_____ Name	_____ Name	_____ Name
_____ Address	_____ Address	_____ Address
_____ City, State, zip code	_____ City, State, zip code	_____ City, State, zip code
_____ Telephone Number	_____ Telephone Number	_____ Telephone Number
_____ E-mail address	_____ E-mail address	_____ E-mail address

**VIII. EMPLOYMENT AUTHORIZATION DATA**

A. Please check the type(s) of verification document(s) which you have:

- \_\_\_\_\_ U.S. Birth Certificate
- \_\_\_\_\_ U.S. Passport

- Certificate of U.S. Citizenship
- Certificate of Naturalization
- An unexpired foreign passport with an unexpired endorsement by the Attorney General for work in the United States
- A resident alien card or registration card that contains a photograph and authorizes employment
- A Social Security Card with a Social Security Account Number
- Other certificate(s) authorized by the Attorney General - Expiration Date: \_\_\_\_\_
- A driver's license or similar state identification
- Other personal identification authorized by the Attorney General - Expiration Date: \_\_\_\_\_

B. If not a U.S. citizen, give the following:

Current immigration status \_\_\_\_\_

Expiration date of immigration status \_\_\_\_\_

Are you officially authorized for employment in the United States?     Yes     No

**IX. CERTIFICATION OF CREDENTIALS**

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed, I authorize educational institutions, associations, registration and licensing boards, and all other persons or entities to furnish whatever evidence, including documentation, which may be available. I understand that providing false information or documentation or failing to disclose relevant information may be grounds for rejection of my application, disciplinary action (including dismissal) if I am employed, and/or criminal prosecution. **I further understand that dismissal from employment shall be mandatory if false representations are made to meet position qualifications.** (Authority: North Carolina General Statutes §§ 14-122.1, 126-30 et. al.)

This authorization shall be valid for the time period that I am being considered for employment and/or for the term of my employment with Fayetteville State University.

I agree that a photocopy of this document will be given the same effect as the original.

To be considered for employment with Fayetteville State University, you must answer **ALL** questions, complete all sections of this application, and sign below.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

<p><b>Date of Birth</b></p> <p>_____/_____/_____ (Month) (Day) (Year)</p> <p><b>Gender</b></p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p>	<p><b>DISABILITY:</b> "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a <b>disability is strictly VOLUNTARY</b>. Persons with disabilities who <b>DO NOT WISH</b> to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.</p>		
<p><b>ETHNIC GROUP</b></p> <p>1. <input type="checkbox"/> White (non-Hispanic)</p> <p>2. <input type="checkbox"/> Black (non-Hispanic)</p> <p>3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)</p> <p>4. <input type="checkbox"/> Asian (including Pacific Islander)</p> <p>5. <input type="checkbox"/> American Indian (including Alaskan native)</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 5px;"> <p><b>A</b> <input type="checkbox"/> None/Prefer not to report</p> <p><b>B</b> <input type="checkbox"/> Blind or severely visually impaired</p> <p><b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired</p> <p><b>D</b> <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p><b>E</b> <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p><b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p> </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <p><b>G</b> <input type="checkbox"/> Respiratory impairment</p> <p><b>H</b> <input type="checkbox"/> Nervous system/Neurological disorder</p> <p><b>I</b> <input type="checkbox"/> Mentally restored</p> <p><b>J</b> <input type="checkbox"/> Mental retardation</p> <p><b>K</b> <input type="checkbox"/> Learning disability</p> <p><b>L</b> <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p><b>M</b> <input type="checkbox"/> Other (please specify) _____</p> </td> </tr> </table>	<p><b>A</b> <input type="checkbox"/> None/Prefer not to report</p> <p><b>B</b> <input type="checkbox"/> Blind or severely visually impaired</p> <p><b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired</p> <p><b>D</b> <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p><b>E</b> <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p><b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p>	<p><b>G</b> <input type="checkbox"/> Respiratory impairment</p> <p><b>H</b> <input type="checkbox"/> Nervous system/Neurological disorder</p> <p><b>I</b> <input type="checkbox"/> Mentally restored</p> <p><b>J</b> <input type="checkbox"/> Mental retardation</p> <p><b>K</b> <input type="checkbox"/> Learning disability</p> <p><b>L</b> <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p><b>M</b> <input type="checkbox"/> Other (please specify) _____</p>
<p><b>A</b> <input type="checkbox"/> None/Prefer not to report</p> <p><b>B</b> <input type="checkbox"/> Blind or severely visually impaired</p> <p><b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired</p> <p><b>D</b> <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p><b>E</b> <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p><b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p>	<p><b>G</b> <input type="checkbox"/> Respiratory impairment</p> <p><b>H</b> <input type="checkbox"/> Nervous system/Neurological disorder</p> <p><b>I</b> <input type="checkbox"/> Mentally restored</p> <p><b>J</b> <input type="checkbox"/> Mental retardation</p> <p><b>K</b> <input type="checkbox"/> Learning disability</p> <p><b>L</b> <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p><b>M</b> <input type="checkbox"/> Other (please specify) _____</p>		

Position applied for \_\_\_\_\_ Name \_\_\_\_\_