

UCSC ACADEMIC PERSONNEL BIOGRAPHY FORM

PERSONAL INFORMATION

PLEASE PRINT OR TYPE

Department _____ Title(s) _____

Name _____

Last First Middle

Prior University experience? Yes _____ No _____ If "Yes", list on the following page.

Permanent home address _____
Street City State Zip Telephone

Current home address _____
Street City State Zip Telephone

Current business address _____
Street City State Zip Telephone

Name and permanent address of person to be contacted in case of emergency:

Name Telephone

Street City State Zip

Relatives employed by the University _____
Name Relationship Department

PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal reason for requesting the information on this form is for purposes of academic personnel administration and University public relations. University policy authorizes maintenance of this information. For academic personnel administrative purposes, furnishing all information on this form is mandatory and failure to provide it may result in denial of the action for which you are completing the form.

Although the University cannot guarantee that at some future time a court or governmental agency will not require the disclosure of personal information or information regarding previous employment, the University will endeavor to protect this information to the fullest extent allowable under the law.

With your permission, information on education, honors, awards, and/or publications may be used for University public relations purposes and therefore may be released to the public.

Employees have the right to review their own records in accordance with Academic Personnel Manual Section 160. Information on this policy can be obtained from the campus or the Office of the President Academic Personnel Offices.

NONDISCRIMINATION STATEMENT

The University of California prohibits discrimination against or harassment of any person employed by or seeking employment with the University on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.

The University of California is an affirmative action/equal opportunity employer. The University undertakes affirmative action to assure equal employment opportunity for minorities and women, for persons with disabilities, and for covered veterans. University policy is intended to be consistent with the provisions of applicable State and Federal laws.

Inquiries regarding the University's equal employment opportunity policies may be directed to: EEO/Affirmative Action Office, University of California Santa Cruz, CA 95064; (831) 459-3676.

PREVIOUS APPLICABLE EMPLOYMENT

Please show a full account of your time from the date of your first academic (or otherwise relevant) employment up to the present, including any periods when you may not have been employed. Show most recent position first, followed by prior employment. Indicate part-time appointments and leaves of absence. Show salary or approximate annual earnings in all cases. Please include all previous University of California employment. You may attach supplementary information.

INCLUSIVE DATES: MONTH AND YEAR	INSTITUTION, FIRM, OR ORGANIZATION AND LOCATION	RANK, TITLE, OR POSITION	APPROXIMATE ANNUAL SALARY
FROM: TO:			
FROM: TO:			
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EDUCATION

DATES OF ATTENDANCE	NAME OF SCHOOL, COLLEGE, UNIVERSITY, OR HOSPITAL (INTERN & RESIDENT)	LOCATION	MAJOR SUBJECT OR FIELD	DEGREES OR CERTIFICATES	DATE RECEIVED

Please indicate areas of sub-specialization, if any. Also include special licenses or permits.

Memberships: Please list membership in scholarly societies, accreditation boards, civic organizations, etc. You may exclude any organization the name or character of which may indicate the race, religion, or national origin of its members.

Honors, Awards: Please list honors or awards such as Fulbright grants, Woodrow Wilson scholarships, special lectureships, medals, etc., and dates received.

Information on this page _____ MAY or _____ MAY NOT be used for University public relations purposes and therefore released to the public.

Initial here: _____

PUBLISHED WRITINGS and/or CREATIVE ACTIVITIES

Published writings and/or creative activities may be listed here or appended separately.

_____ Please check if you are attaching information and identify attached documents by name.

Information on this page and any information appended separately _____ MAY or _____ MAY NOT be used for University public relations purposes and therefore released to the public.

Initial here: _____

I certify that the information I have provided on this biography form and any attached supporting documentation is true and complete and that I have read and understand the privacy notice and nondiscrimination statement. I agree that my failure to provide true and complete information on this form or elsewhere in any attached supporting documentation may be sufficient reason for denying me employment or dismissing me if employed.

Signature: _____

Date: _____