

**ST. CLOUD STATE UNIVERSITY  
UNCLASSIFIED PERSONNEL APPLICATION FORM**

Data requested in this application form will be used in evaluating your qualifications for the position for which you have applied at St. Cloud State University, and, if you are selected, for subsequent promotion and tenure decisions. In addition, the data may be used in the compilation of summary data required for local or system studies and reporting requirements of state and federal agencies. Furthermore, this data may be shown to accrediting agencies, and to consultants hired by the university or the State University System to evaluate programs and/or departments. Finally, selected data may be released on the request of authorized university officials or state and federal agencies.

Complete each item as thoroughly and accurately as possible. Please note that the omission of requested data may make it impossible for St. Cloud State University to give full consideration to your application.

**I. Personal Data**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last                      First                      Middle

Current Address \_\_\_\_\_  
Street                      City                      State                      Zip Code                      County

Residence Phone \_\_\_\_\_ Office Phone \_\_\_\_\_  
Area Code                      Number                      Area Code                      Number

**I. Educational Background**

**A. College Degree Data (Report all earned degrees, using an extra sheet if necessary.)**

<u>Data Item</u>	<u>First Degree</u>	<u>Second Degree</u>	<u>Third Degree</u>
Institution . . . . .	_____	_____	_____
City and State . . . . .	_____	_____	_____
Degree . . . . .	_____	_____	_____
Date Rec's. (Mo./Yr.) . . . .	_____	_____	_____
First Major . . . . .	_____	_____	_____
Area of Interest . . . . .	_____	_____	_____
Second Major . . . . .	_____	_____	_____
Area of Interest . . . . .	_____	_____	_____
Minor(s) . . . . .	_____	_____	_____

**B. Foreign Language**

**C. Computer Languages**

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**D. Graduate Study (Provide information in SEMESTER HOURS)**

Total number of graduate SEMESTER HOURS you earned toward your highest completed degree \_\_\_\_\_

Total number of graduate SEMESTER HOURS beyond your highest completed degree \_\_\_\_\_

Date you last completed a course in your field of specialization for graduate credit \_\_\_\_\_  
Month                      Year

**E. Doctoral Candidate**

Do you have active status in a doctoral program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete the following:

Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date degree expected \_\_\_\_\_  
Month Year

Have you completed all requirements except dissertation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when were course requirements completed \_\_\_\_\_

**F. Future Educational Plans** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Overseas Experience** (Include service in the Military, Peace Corps, USO, or Red Cross and residence abroad for study, work, educational travel, etc. *Describe in detail the nature of the experience. Include information concerning specific geographic area, dates and other pertinent facts. Attach an additional sheet if needed.*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. Professional Data**

**A. Scholarships and Fellowships** \_\_\_\_\_

\_\_\_\_\_

**B. Publications** (*Provide full bibliographic information. Attach an additional sheet if needed.*)

\_\_\_\_\_

\_\_\_\_\_

**C. Organizational Membership** (Include names of *all* scholarly and professional organizations, listing any offices held.)

\_\_\_\_\_

\_\_\_\_\_

**V. Personal Preferences in Teaching Assignments** (If you are applying for a teaching position, list the courses you are most interested in teaching and those you feel best prepared to teach. Asterisk those courses you have taught.)

Most Interested

Best Prepared

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. References** (List the names and addresses of at least three individuals who are in a position to provide recent *first-hand* information concerning your demonstrated or potential qualifications for the position for which you are applying.)

Name

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. Miscellaneous** (Supply any additional information you may wish to provide that you feel will enhance your chances of employment and facilitate consideration of your candidacy within the framework of the *Equal Opportunity/Affirmative Action Program*.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII. Detailed Employment Record** (Provide all applicable information on each academic and non-academic position held, including full information on both full-time and part-time positions. List present position first and work backwards.)

1. Institution or Firm \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your exact position title \_\_\_\_\_

If position was in higher education: Your rank \_\_\_\_\_ Tenured: \_\_\_\_ Yes \_\_\_\_ No

Name and address of *immediate* supervisor \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

(Full-time) \_\_\_\_\_ (Part-time) \_\_\_\_\_ If part-time, indicate percent of time involved: \_\_\_\_\_

Specific duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Institution or Firm \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your exact position title \_\_\_\_\_

If position was in higher education: Your rank \_\_\_\_\_ Tenured: \_\_\_\_ Yes \_\_\_\_ No

Name and address of *immediate* supervisor \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

(Full-time) \_\_\_\_\_ (Part-time) \_\_\_\_\_ If part-time, indicate percent of time involved: \_\_\_\_\_

Specific duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Institution or Firm \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your exact position title \_\_\_\_\_

If position was in higher education: Your rank \_\_\_\_\_ Tenured: \_\_\_\_ Yes \_\_\_\_ No

Name and address of *immediate* supervisor \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

(Full-time) \_\_\_\_\_ (Part-time) \_\_\_\_\_ If part-time, indicate percent of time involved: \_\_\_\_\_

Specific duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Institution or Firm \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your exact position title \_\_\_\_\_

If position was in higher education: Your rank \_\_\_\_\_ Tenured: \_\_\_\_ Yes \_\_\_\_ No

Name and address of *immediate* supervisor \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

(Full-time) \_\_\_\_\_ (Part-time) \_\_\_\_\_ If part-time, indicate percent of time involved: \_\_\_\_\_

Specific duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Institution or Firm \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your exact position title \_\_\_\_\_

If position was in higher education: Your rank \_\_\_\_\_ Tenured: \_\_\_\_ Yes \_\_\_\_ No

Name and address of *immediate* supervisor \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

(Full-time) \_\_\_\_\_ (Part-time) \_\_\_\_\_ If part-time, indicate percent of time involved: \_\_\_\_\_

Specific duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn of the vacant position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT**

The state has the right to verify information provided in the application. False information may subject an applicant to the penalty provisions of M.S. 43A.39. In connection with this application for employment, I authorize the state of Minnesota and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the State of Minnesota and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

*I declare that all information provided is true and complete and acknowledge that I have read and understand the information above.*

Date: \_\_\_\_\_ Signature (do not print): \_\_\_\_\_