

**MINNESOTA STATE COLLEGES & UNIVERSITIES
PRIOR WORK EXPERIENCE COLLECTION FORM FOR UNIVERSITY FACULTY**

Name: _____

Appointment Status: _____

Department/Program: _____

Highest Degree: _____ **Date Received:** _____

Academic Rank: _____

Note: The information on this form is used to calculate your potential base salary. All information must be included, and all information must be true and accurate. The University cannot adjust your base salary in the future based on incomplete or inaccurate information.

COLLEGIATE EXPERIENCE

Please provide information regarding service in collegiate teaching, paid academic research, paid post-doctoral research, and academic administration experience prior to hiring. This includes all sabbatical leave periods and conscripted military service from such institutions, and all academic administration and/or university approved research experience. *Do not include graduate assistantships, teaching assistantships, research assistantships, or other work related to your area of study undertaken at or for an institution while you were a graduate student.* All fields must be completed for each entry. Attach additional sheets if necessary.

Job Title/Teaching Discipline:	Academic Rank:	Institution:	Years in Rank:		Percent of Full-Time:	Actual Years of Experience:
			Begin Mo/Yr	End Mo/Yr		
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Collegiate Experience (to be completed by campus—list actual years): _____

COMMUNITY/TECHNICAL COLLEGE EXPERIENCE

Please provide information regarding service in community/technical college teaching, counseling, librarianships, and academic administration. All fields must be completed. Attach additional sheets if necessary. Report actual, not weighted, years of experience.

Job Title/Teaching Discipline:	Institution:	Begin Mo/Yr	End Mo/Yr	Percent of Full-Time:	Actual Years of Experience:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Community/Technical College Experience (to be completed by campus--list actual years): _____

ELEMENTARY/SECONDARY EXPERIENCE

Please provide professional-level experience at elementary and secondary schools. All fields must be completed. Attach additional sheets if necessary. Report actual, not weighted, years of experience.

Job Title or Grade(s) Taught:	Institution:	Begin Mo/Yr	End Mo/Yr	Percent of Full-Time:	Actual Years of Experience:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Elementary and Secondary Experience (to be completed by campus--list actual years): _____

OTHER RELATED EXPERIENCE

Please provide information regarding other professional-level experience in business, industry, government, military, or other areas that is directly related to your faculty assignment. All fields must be completed. Attach additional sheets if necessary. Report actual, not weighted, years of experience.

Job Title/Description:	Institution:	Begin Mo/Yr	End Mo/Yr	Percent of Full-Time:	Actual Years of Experience:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Other Related Experience (to be completed by campus--list actual years): _____

I attest that all statements and representations set forth above are true and accurate. Inaccurate statements or misrepresentations concerning my work experience may lead the University to take one or more of the following actions: withdrawal of an offer of employment; modification of starting salary; and, in the event that I become an employee, disciplinary action up to and including discharge.

Name: _____ **Signature:** _____ **Date:** _____

Evaluator #1: _____ **Signature:** _____ **Date:** _____

Evaluator #2: _____ **Signature:** _____ **Date:** _____