



APPLICATION FOR FACULTY POSITION

Office of the Provost and Executive Vice President
800 Lakeshore Drive
Birmingham, Alabama 35229

Certification of Employee (READ CAREFULLY)

Samford University complies with applicable laws prohibiting discrimination, including applicable provisions of and amendments to Titles VI and VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, Executive Order 11246, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, and does not unlawfully discriminate on the basis of race, color, national origin, sex, age, disability, genetic information, or veteran status in admission or access to, or treatment or employment in, its programs or services. All employees at Samford University are employees "at will." No official of Samford University has the right to make any oral employment agreement with any applicant or employee or to make a commitment for a contract of employment for a definite duration. All faculty or other employment letters of agreement are valid ONLY if in writing and signed by the President of Samford or his designee.

(Please Print Plainly) Date of Application _____

Name _____
(LAST) (FIRST) (MIDDLE)

Present Address _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

Permanent Address _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

Home Telephone Number _____ - _____ - _____ E-mail: _____

Cell Phone Number _____ - _____ - _____

Are you legally authorized to work in the United States full-time and for all employers? _____

Position Desired: _____ Salary Expected _____

All relevant items below must be completed; however, you may attach supplemental materials if more space is needed.

EDUCATION

COLLEGE / UNIVERSITY	MAJOR SUBJECT	DATES ATTENDED	DEGREES EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THESIS or DISSERTATION TITLES

Master's _____

Doctor's _____

TRANSCRIPTS

- I have provided with this application original transcripts (which bear the seal of the school) for all graduate work.
- I enclose copies of transcripts, but agree to provide original transcripts within 30 days, if employed.
- I will request that official transcripts be mailed to Samford University, Office of the Provost.
- My degree was earned at Samford University. I request that an official copy of my transcript be transferred to the Office of Provost.

