

Statement of Professional Preparation and Experience (SC-1)

UNIVERSITY PERSONNEL - FACULTY | 408-924-2450 | ADMIN 218

		JOID (or Job Applying For)												
PEF	RSONAL	. INFO	RMATION											
Last Name				First N	First Name			Middle Name						
Permanent Address														
Street					Cit	ty				State		Zip Cod	le	
Mail	Mailing Address (if different from Permanent Address above)													
Street					Cit	ty				State		Zip Cod	le	
Con	Contact Information													
Primary Phone				Secondary Phone					Emai	il				
GI	ENERAL	. INFOF	RMATION											
На	ive you e	ver taug	ht at SJSU?		Yes		□ No	te of Last Appointment:			nt:			
If hired, you will be required to furn States. Can you furnish such proof? Note: PLEASE BE ADVISED THAT SJS								thorized to work in the United			d	☐ Yes	□ No	
			HICTORY	(Including	. I I:-l- C-l	l Callar		orcity and a	thar caba	ole in e	nocial cub	vioets)		
EC	DUCATION	ONAL	HISTORY	(including	High Schoo	i, cone	ge or Univ	ersity and o	ither scho	0015 111 5	peciai sub	jects.)		
EC			f Institution	(including		ation		Dates /	Attende / – MM/Y	ed	Degree		Major	Date Confirmed (MM/YY)
1.				(including	Loc	ation		Dates /	Attende	ed			Major	
				(including	Loc	ation		Dates /	Attende	ed			Major	
1.				(including	Loc	ation		Dates /	Attende	ed			Major	
1.				(including	Loc	ation		Dates /	Attende	ed			Major	
1. 2. 3.				(including	Loc	ation		Dates /	Attende	ed			Major	
1. 2. 3. 4.		Name of			Loc. (City, Stat	ation re, Cour	ntry)	Dates A	Attende ' – MM/Y Please do	ed Y)	Degree	me in lieu	ı of completin	(MM/YY)
1. 2. 3. 4.		ANT EI	f Institution MPLOYMEN		Loc. (City, Stat	ation re, Cour	recent pos	Dates A	Attende ' – MM/Y Please do	ed Y)	Degree	me in lieu	ı of completin	g section.)
1. 2. 3. 4. 5.	RELEV	ANT EI	f Institution MPLOYMEN		Loc. (City, Stat	ation re, Cour	recent postademic po	Dates A (MM/YY	Attende ' – MM/Y Please do	ed Y)	Degree	me in lieu	ı of completin	g section.)
1. 2. 3. 4. 5.	RELEV Position	ANT EI HIST Title	f Institution MPLOYMEN	T	LOC. (City, Stat	ation re, Cour	recent postademic po	Dates A (MM/YY	Attende ' – MM/Y Please do	ed Y)	Degree	me in lieu r tenure t	ı of completin	g section.)
1. 2. 3. 4. 5.	RELEV Position City Can We	ANT EI HIST Title	MPLOYMEN'	T State	LOC. (City, Stat	n most r	recent postademic po	Dates A (MM/YY	Attende ' – MM/Y Please do	ed Y)	Degree	me in lieu r tenure t	ι of completing rack, tenured	g section.)

2.	Position Title			Employer				
	City		State		Phone			
	Can We Contact Employer?	t Previous	☐ Yes	□No	Worked From (MM/DD/YYYY)		To (MM/DD/YYYY)	
	Duties							
	Reason for Leaving							
3.	Position Title				Employer			
	City		State		Phone			
	Can We Contact Previous Employer?		☐ Yes	□No	Worked From (MM/DD/YYYY)		To (MM/DD/YYYY)	
	Duties							
	Reason for Leaving							
4.	Position Title				Employer			
	City		State		Phone			
	Can We Contact Employer?	t Previous	☐ Yes	□ No	Worked From (MM/DD/YYYY)		To (MM/DD/YYYY)	
	Duties							
	Reason for Leaving							
5.	Position Title				Employer			
	City		State		Phone			
	Can We Contact Previous Employer?			□ No	Worked From (MM/DD/YYYY)		To (MM/DD/YYYY)	
	Duties							
	Reason for Leaving							

I certify that the answers I have given and the materials I have submitted with the application for this position are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given in my application for employment are subject to verification and that should I be employed at the campus, any misrepresentation or omission of facts in this application may be sufficient reason for dismissal. The application materials include this document and any other materials submitted.					
Signature	Date				

PRIVACY NOTIFICATION FOR EMPLOYEES OR APPLICANTS FOR EMPLOYMENT

SAN JOSE STATE UNIVERSITY
One Washington Square
San Jose, CA 95192-0021

The Information Practices Act of 1977 requires that we supply the following information when we request that you give information about yourself in connection with your employment at San Jose State University.

The University is authorized to collect and maintain the information requested from you by provisions of the Donahue Higher Education Act (Sections 66600, 66606, 89030, 89500); the California Records Management Act (Government Code 14740 et seq.); Education Code Section 89546; Title 5 California Administrative Code, Sections 42704(m) and 42396 through 42396.5; and the CSU Office of Faculty and Staff Affairs Memorandum FSA 78-38. A social security number is requested as authorized in the Internal Revenue Code and the Social Security Act.

The information you supply will be used by appropriate CSU officials, committees or staff in making determinations with respect to your appointment, assignment, retention, tenure, promotion or employment benefits. A social security number is used to provide proper identification and filing, and in various reports required by law or policy. Some of the information may be transferred to other state or federal agencies as required or authorized by law, such as the State Controller (for payroll purposes), PERS and the Social Security Administration (for retirement and other benefits) the State Employment Development Department (for possible unemployment credits), and to the Franchise Tax Board and the Internal Revenue Service (for income tax purposes). All of the information you supply will be maintained in University files and will not be disclosed to other persons, agencies or organizations except with your consent or as otherwise authorized by law.

You have a right of access to University records containing non-confidential information regarding your employment. The Associate Vice President for Faculty Affairs is the University official responsible for the personnel records of academic employees, the Associate Vice President for Human Resources is responsible for the personnel records of all other employees, and is responsible for the University payroll records. They can be reached at the University's address (above) and their phone numbers, respectively, are: (408) 924-2450, and (408) 924-2250.