

STATEMENT OF PROFESSIONAL PREPARATION AND EXPERIENCE (SC-1)

							JOID (or Job Applying For)										
PERSONAL INFORMATION									7057.65	.,	0.,						
				First Nan	First Name				Middle								
					T II SC IVal	rirst ivallie				Na	me						
Permanent Address																	
Stre	Street				City					9	State ZIP		Code				
Mailing Address (if different from Permanent Addre							s above)										
Stre	eet			City	,					5	State		ZIP	Code	2		
Contact Information																	
Primary Phone				Secondary Phone					E	mail							
GENERAL INFORMATION																	
Hav	e you e	ver taug	ght at SJSl	J?	□ Yes		□ No Date of Last A			t Appointment							
If hired, you will be required to furnish					proof that you are legally authorized t				I to work in the United				V	□ No			
States. Can you furnish such proof? Note: PLEASE BE ADVISED THAT SJSU DO							NOT SPONSOR H-1B VISAS FOR LECTURERS						RERS.		Yes	□ INO	
EDUCATIONAL HISTORY (Including H						Scho	ool, Col	lege	e or Uni	versit	y and	d other	scho	ols in sp	ecial	subje	cts.)
	Name of Institution				Location (City, State, Co			Dates Attended (MM/YY – MM/YY)						Major			Confirmed IM/YY)
1.							.,	,	-							•	
2.																	
3.																	
4.																	
5.																	
RF	IFVANT	FMDI	OYMENT	(Start wit	th most recen	t nos	ition first	. Ple	ease do no	nt attacl	n a res	ume in	lieu of c	ompleting	section	1.)	
						•	positions apply, indicate rank & who									•	ı
1.	Position Title					I	Employer										
	City			State				Phone									
	Can We Contact Previous Employer?			□ Yes		□ No		orked Fi M/DD/Y				(M	To IM/DD/Y	YYY)			
	Duties				•												
	Reason for Leaving																



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2.	Position Title				Employer			
	City		State		Phone			
	Can We Conta Employer?	□ Yes	□ No	Worked From (MM/DD/YYYY)	(To MM/DD/YYYY)		
	Duties							
	Reason for Lea	aving						
3.	Position Title				Employer			
	City		State		Phone			
	Can We Conta 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 Conta Employer?	□ Yes	□ No	Worked From (MM/DD/YYYY)	(To MM/DD/YYYY)		
	Duties						<u> </u>	
	Reason for Lea							
5.	Position Title				Employer			
	City	State		Phone				
	Can We Conta Employer?	ct Previous	□ Yes	□ No	Worked From (MM/DD/YYYY)	(
	Duties							
	Reason for Lea	aving						



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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
inderstand that all answers given in my application for employment are subject to verification and that
hould 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
ubmitted.

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.