

UNIVERSITY OF GREAT FALLS

Faculty Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City		State		ZIP			
Home Phone			Cell Phone				
Email							
Date Available				Desired Salary			
Position Applied for			Teaching Discipline				
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO		
Have you ever worked for the University of Great Falls?	YES	NO	If so, when?				
Have you ever been convicted of a felony?	YES	NO	If yes, explain				

POST-SECONDARY EDUCATION

Institution and state	Degree Sought	Dates of Attendance	Date Degree Awarded	Major(s)	Specialty

* Please request that certified copies of transcripts from each institution that has granted you a degree be sent to the Office of Academic Affairs, University of Great Falls, 1301 20th Street South, Great Falls, MT 59405

If a terminal degree appropriate for the position sought is not already earned, check one:

- Active Candidate with only dissertation remaining
- Inactive at present with only dissertation remaining
- Not a doctoral candidate. Additional Comments in my graduate study status:

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REFERENCES		Please list three professional references:	
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

EMPLOYMENT HISTORY					
Company		Starting Salary	\$	Ending Salary	\$
Address					
Job Title		Dates		Reason for Leaving	
Responsibilities:					
Company		Starting Salary	\$	Ending Salary	\$
Address					
Job Title		Dates		Reason for Leaving	
Responsibilities:					
Company		Starting Salary	\$	Ending Salary	\$
Address					
Job Title		Dates		Reason for Leaving	
Responsibilities:					

Additional experience or qualifications for undergraduate or graduate teaching:

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Date of receipt of academic tenure (if applicable): _____

Institution granting academic tenure: _____

List of special activities and/or honors received:

LIST OF PUBLICATIONS AND/OR CREATIVE WORKS:

MILITARY SERVICE	YES	NO	Type of Discharge
Branch			
Rank at Discharge			
If dishonorable please explain:			

DISCLAIMER AND SIGNATURE

By signing this disclaimer I give the University of Great Falls my authorization to do a complete and thorough background check.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the university's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice by the university. I understand that no company representative, other than the President, and then only in writing and signed by the President, has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature

Date

The University of Great Falls is an equal employment opportunity provider.