

Form
HR30002**FACULTY PERSONNEL RECORD**

UNIVERSITY OF MICHIGAN
Do NOT Email (Form Contains Sensitive Data)

PERSONAL INFORMATION - Give legal name as it appears/will appear on your U.S. Social Security card. The name, including all letters and spaces, must be 50 characters or less.

Last Name:		First Name:		Middle Name:	
UMID:	Social Security Number:	Department:		Date Prepared:	

Local/Current Mailing Address - For University Correspondence

Address:		City:	
State:	Zip Code:	Local Telephone:	

STATUS

Do you have a previous University of Michigan affiliation?		If yes, please list type of affiliation:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Affiliation Begin Date:	Affiliation End Date:	Name while affiliated:	
Do you have any relatives employed at the U of M? If yes, please list below. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:		Department:	
Name:		Department:	
Name:		Department:	

EDUCATION

High School:	City, State:	Year From:	Year To:	Field of Study:	Degree:	Year Graduated:
Undergraduate:	City, State:	Year From:	Year To:	Field of Study:	Degree:	Year Graduated:
Graduate or Professional:	City, State:	Year From:	Year To:	Field of Study:	Degree:	Year Graduated:
License:	City, State:	Year From:	Year To:	Field of Study:	Degree:	Year Graduated:

LANGUAGES

List foreign language in which you have some proficiency and check proper columns.	Reading		Speaking		Understanding		Writing	
	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair

The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding non-discrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity, and Title IX/Section 504/ADA Coordinator, Office of Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388.

PERSONAL INFORMATION:

Name (Last, First, Middle):	UMID:
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LIST AND DESCRIBE OTHER SPECIAL COMPETENCIES:

LIST AND DESCRIBE SPECIAL INTERESTS:

OCCUPATIONAL HISTORY - List chronologically all positions held, including military service. Include each year since graduation from undergraduate college.

Organization:	City:	State:	Position/Title:	Year From:	Year To:

HONORS - Honorary Degrees:

Degree:	Institution:	Year:

HONORS - Other Academic Honors (Awards, medals, honorary fellowships, etc.):

Honor:	Awarded By:	Year:

PERSONAL INFORMATION:

Name (Last, First, Middle):	UMID:
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MEMBERSHIPS AND SERVICE - Past and present service, professional or personal, to national, state, or local government or other civic activities.

Agency:	Place:	Service or Position:	Year From:	Year To:

MEMBERSHIPS (AND OFFICIAL POSITIONS) in professional, honorary, and learned societies:

Organizations (Memberships):	Years:	Official Position:	Year From:	Year To:

PUBLICATIONS - Give titles, references, dates, pages and other facts relating to publications and other achievements.

Title:	References:	Dates:	Pages:	Facts:

CERTIFICATION

Regents' Bylaw 3.10 stipulates the ownership of patents and copyrights to members of the University faculty and staff. Unless otherwise provided by action of the Regents:

University employees hereby assign patents issued or acquired as the result of or in connection with administration, research, or other educational activities conducted by them and supported directly or indirectly (e.g., through the use of university resources or facilities) by funds administered by the university, regardless of the source of such funds, and all royalties or other revenues derived therefrom, to the university.

Patents resulting from activities which have received no support, direct or indirect, from the university shall be property of the inventor thereof.

Out of respect to principles of academic freedom and in support of its faculty, the University of Michigan transfers its copyright in faculty scholarly works to the faculty who created those works, consistent with Standard Practice Guide 601.28.

Consistent with the constitutional requirement, State of Michigan Act 22, 1951, University staff members as a condition of appointment, shall swear to or affirm the following oath:

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of Michigan, and that I will faithfully discharge the duties of my position and subsequent positions, according to the best of my ability.

Information on this form may be used in preparation of news articles. If you do not want this information used in this way, please check this box:

I certify that the answers on this document are true to the best of my knowledge. I realize that all the information furnished by me is important and that the University will rely on such information in engaging me and in continuing my employment. I also realize that this information may be verified by the University and that any misrepresentation of facts may constitute cause for dismissal. In this connection I authorize all previous employers to cooperate with the University and to release on a confidential basis any information they may have concerning me. I agree to abide by all University rules and regulations.

Signature of Applicant:

Date: