



LOMA LINDA
UNIVERSITY
HEALTH

LOMA LINDA UNIVERSITY

FACULTY APPLICATION

Date: _____

FULL NAME: LAST, FIRST, MIDDLE INITIAL (MAIDEN/OTHER)

SCHOOL AND DEPARTMENT FOR WHICH YOU ARE APPLYING

SOCIAL SECURITY NUMBER (required)

RELIGION (required)

1. **Home Address:** _____
STREET, CITY, STATE ZIP
2. **Office Address:** _____
STREET, CITY, STATE ZIP
3. **Email Address:** _____ **Cell Phone:** _____

NOTE: Please complete all requested information. Your Curriculum Vitae is welcome; however, please answer all questions not included in your CV.

4. **Education:**

UNIVERSITY/COLLEGE/ PROFESSIONAL SCHOOL	DATES ATTENDED	MAJOR	DEGREE EARNED/ YEAR

5. **Additional or postdoctoral training (internship, fellowship, residency, graduate, graduate certificates/programs, etc.)**

NAME OF INSTITUTION	FIELD OF STUDY	DATES

6. **What are your plans for further professional development?** _____

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7. Certified by American (National) Board of _____ Date _____

8. Fellow of American College (Academy) of _____ Date _____

9. License/Registration:

STATE/PROVINCE/COUNTRY	LICENSE NUMBER	EXPIRATION DATE

10. Academic employment record, beginning with most recent position:

NAME OF INSTITUTION	ACADEMIC APPOINTMENT	DATES

11. Other work experience, beginning with most recent position:

POSITION	LOCATION	DATES

12. Private practice experience, beginning with most recent:

LOCATION	SPECIALTY	DATES

13. Military service:

ASSIGNMENT	DATES

14. Reason for terminating present/previous position _____

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15. **Bibliography (list texts, monographs, journal articles, papers presented to societies)** _____

16. **List research and/or other scholarly activity now in progress or planned** _____

17. **List research projects (grant-supported, other) completed** _____

18. **Membership in professional organizations, including honor societies** _____

19. **Citations, awards, other honors** _____

20. **References:**

NAME	ADDRESS	TELEPHONE NUMBER	EMAIL

21. **Financial obligation of applicant to current employing organization for reimbursement of unamortized costs for educations, moving, or medical expenses:** _____

APPLICANT'S SIGNATURE

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PLEASE ALSO FILL OUT THE FOLLOWING INFORMATION WHICH IS NEEDED FOR STATISTICAL PURPOSES.

The following data is requested from you to assist the University in compiling statistical data required for it to respond to governmental requests for information regarding diversity and to analyze and support programs to meet the University's goals of balance and diversity in the composition of its faculty. The information provided will not be used in assessing your application for faculty appointment.

Date of Birth: _____ **Ethnicity*:** _____

Gender: Male Female

**Please choose from the following: American Indian/Alaska Native; Black, non-Hispanic; White, non-Hispanic; Hispanic; Indian Subcontinent; Middle East; Asian; or Pacific Islander*

{FOR OFFICE USE ONLY}

DEPARTMENT RECOMMENDATIONS

Remarks/recommendations of department chair/coordinator: _____

Rank and status: _____ Effective date: _____

Tenure: Yes Date: _____ No Tenure Track: Yes No

CHAIR'S SIGNATURE

DATE

SCHOOL RECOMMENDATIONS

Recommendation of the dean: _____

DEAN'S SIGNATURE

DATE