

**University of California, Riverside
BIOGRAPHY FOR ACADEMIC PERSONNEL
U1501-5 (R10/02)**

THIS PAGE IS NOT TO BE RELEASED TO THE PUBLIC
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*To be filled out
by Department*

PLEASE PRINT OR TYPE

Campus RIVERSIDE	Department	Title(s)
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Name _____ Mr./Mrs./Miss/Ms. (optional)
Last First Middle Circle One

Prior University Experience? Yes No If "Yes", list on the following page.

Permanent Home Address _____
Street City State Zip Phone

Current Home Address _____
Street City State Zip Phone

Current Business Address _____
Street City State Zip Phone

Date of Birth _____ Are you a citizen of the U.S.? Yes No

If Not a Citizen of the U.S., Date Entered U.S. _____ Type of Visa _____

Name and permanent address of person to be contacted in case of emergency:

Name

Street City State Zip Phone

Relatives employed by the University: _____
Name Relationship Department

PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal reason for requesting the information on this form is for purposes of academic personnel administration and University public relations. University policy authorizes maintenance of this information. For academic personnel administrative purposes, furnishing all information on this form is mandatory and failure to provide it may result in denial of the action for which you are completing the form.

Information on education, honors, awards, and/or publications has been declared releasable by the courts, and therefore, will be released to the public, upon request.

Individuals have the right to review their own records in accordance with Academic Personnel Manual Section 160. Information on this policy can be obtained from campus or Office of the President Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are the campus Academic Vice Chancellors

NONDISCRIMINATION STATEMENT

The University of California, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Age discrimination in Employment Act of 1967, does not discriminate on the basis of race, color, national origin, religion, sex, handicap, or age in any of its policies, procedures or practices; nor does the University, in compliance with Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, and Section 12940 of the State of California Government Code, discriminate against any employees or applicants for employment because they are disabled veterans or veterans of the Vietnam era, or because of the medical condition (as defined in Section 12926 of the California Government Code), their ancestry, or their marital status; nor does the University discriminate on the basis of citizenship, within the limits imposed by law or University policy; nor does the University discriminate on the basis of sexual orientation. This nondiscrimination policy covers admission, access, and treatment in University programs and activities, and application for the treatment in University employment

In conformance with University policy and pursuant to Executive Orders 11246 and 11375, Section 503 of the Rehabilitation Act of 1973, and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, the university of California is an affirmative action/equal opportunity employer

Inquiries regarding the University's equal opportunity policies on academic employee-related matters may be directed to: SVP-AA (510) 987-9020

RETENTION: Academic Personnel - Senate Member: 5 years after separation to permanent.
 Non-Senate Member: 5-10 years after separation.
 Other Copies: 0-5 years after separation.

INCLUSIVE DATES: MONTH AND YEAR	INSTITUTION, FIRM, OR ORGANIZATION AND LOCATION	APPROXIMATE RANK, TITLE, OR POSITION
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Name _____

Department _____

EDUCATION

DATES OF ATTENDANCE	NAME OF SCHOOL, COLLEGE, UNIVERSITY, OR HOSPITAL (INTERN & RESIDENT)	LOCATION	MAJOR SUBJECT OR FIELD	DEGREES OR CERTIFICATES	DATE RECEIVED

Please indicate areas of sub-specialization, if any. Also include special licenses or permits.

Memberships: Please list membership in scholarly societies, accreditation boards, civic organizations, etc. You may exclude any organization the name or character of which may indicate the race, religion, or national origin of its members.

Honors, Awards: Please list honors or awards such as Fulbright grants, Woodrow Wilson scholarships, special lectureships, medals, etc., and dates received.

Name _____

Department _____

PUBLISHED WRITINGS and/or CREATIVE ACTIVITIES

Published writings and/or creative activities may be listed here or appended separately.

Please check if you are
attaching information.

Signature: _____

Date: _____