



BIOGRAPHICAL DATA SHEET
FACULTY

Date _____ Social Security No. _____

Name _____
Last First Middle

Address _____

Telephone: Business _____ Home _____

E-mail Address: _____

COLLEGIATE AND PROFESSIONAL EDUCATION

Degree	Institution	Year	Major	Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION BEYOND LAST EARNED DEGREE

Year	Institution	Major	Minor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIOR TEACHING EXPERIENCE

Year	Institution	Rank	Subjects Taught
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIOR ADMINISTRATIVE EXPERIENCE IN EDUCATION

Year	Institution	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR BUSINESS, PROFESSIONAL, MILITARY EXPERIENCE

Year	Organization	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEMBERSHIP IN PROFESSIONAL AND HONOR SOCIETIES

Year	Name of Organization	Nature of Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HONORS AND SPECIAL RECOGNITIONS

Year	Award of Organization	Basis of Selection
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PUBLICATIONS AND RESEARCH - ARTICLES (Attach a separate list if necessary)

Year	Title	Periodical
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BOOKS AND MONOGRAPHS

Year	Title	Publisher	Where Published
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESEARCH PROJECTS (Unpublished)

Year	Institution	Auspices (Agency, Foundation)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL REFERENCES (Names, telephone numbers, email and mailing addresses of at least three)

Name	Telephone Number	Email Address	Mailing Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that misrepresentation or omission of facts represents grounds for elimination from consideration for employment or termination after employment if discovered at a later date. I authorize Macon State College to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. Should I be offered a position at Macon State College, I understand that employment is contingent upon the completion of a Criminal Background Investigation.

CANDIDATE SIGNATURE _____

DATE _____