



American Liberty University

Excellence in Higher Education



FACULTY APPLICATION

1440 N. Harbor Blvd. 9th Floor
Fullerton, California 92835

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Education@ALUniversity.edu
Phone: 1-877-ALU-8881

LAST NAME		FIRST NAME, MIDDLE INITIAL			SOCIAL SECURITY NO.		
HOME ADDRESS: NUMBER, STREET				APT. NUMBER	TELEPHONE NO.		
CITY		STATE	ZIP CODE		FAX NO.		
E-MAIL	CITIZENSHIP	RESIDENCY	VISA	ETHNICITY (OPTIONAL)	RELIGION (OPTIONAL)	VETERAN	
APPLICANT'S BIRTHPLACE: CITY		STATE	COUNTRY (If not USA)		COUNTRY OF CITIZENSHIP (If not USA)		
DATE OF BIRTH (Month, Day, Year)		TITLE: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S (OPTIONAL)			

Office Use Only

FACULTY I.D.#:	STATUS:
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LIST ALL COLLEGES ATTENDED <i>(USE ADDITIONAL SHEET IF NECESSARY)</i>	LOCATION	DATES		MAJOR	DEGREE RECEIVED		NUMBER OF UNITS
		FROM	TO		TYPE	MO/YR	

OTHER ACADEMIC, VOCATIONAL OR SPECIALIZED EDUCATION

PROFESSIONAL LICENSES OR CERTIFICATES HELD

1.	2.
3.	4.

PRESENT EMPLOYER	POSITION OR JOB TITLE	DATE OF EMPLOYMENT	TELEPHONE NO.	
EMPLOYMENT SITE ADDRESS	CITY	STATE	ZIP CODE	COUNTRY

IF NOT U.S. CITIZEN, ARE YOU A PERMANENT RESIDENT OF THE U.S.? YES, ALIEN REGISTRATION NUMBER NO

INTERNATIONAL APPLICANTS

IF YOU HOLD A U.S. VISA, PLEASE INDICATE TYPE

WHAT DATE DID YOU ENTER THE U.S.? (Month/year)

DATE YOUR CURRENT VISA EXPIRES

IF YOU DO NOT CURRENTLY HOLD A U.S. VISA, LIST THE TYPE EXPECT TO OBTAIN

DESCRIBE ANY LANGUAGES YOU SPEAK, READ, OR WRITE AND TO WHAT EXTENT.

1. SPEAK % READ % WRITE %
2. SPEAK % READ % WRITE %
3. SPEAK % READ % WRITE %

LIST PERSONS WHOM YOU HAVE ASKED TO WRITE LETTERS OF RECOMMENDATION:

1. OCCUPATION TELEPHONE NO.
2. OCCUPATION TELEPHONE NO.
3. OCCUPATION TELEPHONE NO.

Have you previously applied for faculty to ALU? Yes No (If yes, when?)

Have you previously employed at ALU? Yes No (If yes, when?)

If yes, past employed status:

AT THE DISCRETION OF THE ADMISSIONS COMMITTEE, APPLICANTS MAY BE INITIATED FOR AN ORAL INTERVIEW.

EMERGENCY CONTACT

LAST NAME	FIRST NAME	TELEPHONE NO.
STREET ADDRESS	CITY	STATE ZIP CODE

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information, or any other information upon which my admission is based, is not true or complete, the university may rescind my employment. I further agree that, if admitted, I will abide by the rules and regulations of the American Liberty University including, but not limited to, those rules contained in the current American Liberty University catalog and Faculty Handbook. I understand that all official documents submitted for admission consideration become the property of the American Liberty University and will not be forwarded to another institution/organization nor returned to me. I also understand that acceptance to American Liberty University is subject to verification of final records from all institutions/organization I have attended and worked.

PUBLISHING PERMISSION: I do hereby grant my permission for American Liberty University to publish my name and credentials in American Liberty University's catalog, website, and other University publications.

Applicant's Signature

Date

American Liberty University does not unlawfully discriminate on the basis of race, color, national or ethnic origin, religion, age, sex, handicap or prior military service in administration of its educational policies, admission, financial aid, educational programs, or activities.