

UNIVERSITY OF SOUTH ALABAMA

Mobile, Alabama 36688-0002

BIOGRAPHICAL DATA FORM

In order that your application can be evaluated, it is important that you provide a clear and complete description of your background on this form. Additional pages, dated and initialed, may be attached. "See Resume/Curriculum Vita" is not acceptable.

Each page submitted must be initialed and dated.

I. PERSONAL INFORMATION

Date: _____

Name _____

Last	First	Middle	Suffix
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Address: _____

Street/Apt./P.O. Box	City	State	Zip
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Phone: Home: _____ Business: _____

E-mail: _____

Are you legally eligible to work in the United States under U.S. Immigration laws? Yes No

Will you now or in the future require sponsorship for employment visa status? Yes No

In order to comply with the State nepotism statute, section 41-1-5, please answer the following question:

Are you related to any employees of the University, USA Hospitals, USA Healthcare Management, LLC, or any member of the Board of Trustees, by blood or marriage? Yes No

If you answered yes, please provide the name and relationship of the relative and the department where employed

(or if Board of Trustees member): _____

In case of emergency, notify:

Name	Phone
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The University of South Alabama is an EO/AA employer and does not discriminate on the basis of race, color, national origin, sex (including pregnancy, sexual orientation, gender identity and gender expression), religion, age, genetic information, disability, or protected veteran status.

Name: _____

II. EDUCATION

UNDERGRADUATE STUDY

School	Major Field	Dates Attended	Degree Granted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRADUATE STUDY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

POST GRADUATE STUDY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. EMPLOYMENT HISTORY

Please list in chronological order all employment, beginning with your present or most recent employer.

Name and Address	Job Title	Dates Worked	Reason for Leaving	Direct Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EO/AA Employer - minorities/females/veterans/disabilities/sexual orientation/gender identity

Name: _____

IV. PROFESSIONAL INFORMATION

List the name of professional organizations to which you belong:

List any honors and awards you have received:

List the number, name, and expiration date of any professional or occupational licenses you hold:

V. SUPPLEMENTAL INFORMATION

Please attach a current vita and a list of publications, patents, and other professional or scholarly work which you have completed. In addition, arrange to have one original/certified copy of each of your undergraduate and graduate transcripts forwarded to the search/screening committee.

Please supply any other information you feel is pertinent to your candidacy for a position at the University.

EO/AA Employer - minorities/females/veterans/disabilities/sexual orientation/gender identity

Name: _____

VI. MILITARY HISTORY (OPTIONAL)

Branch of Service	Dates of Service
Rank Attained	Job Title

VII. GENERAL INFORMATION

Have you ever had an adverse action taken against a professional license or certification, including but not limited to, sanction, consent order, suspension, revocation, or disbarment?

Yes No If yes, explain: _____

Have you ever been convicted of a misdemeanor or felony (other than traffic violation)?

Yes No If yes, explain: _____

Have you ever been excluded, debarred, suspended, or sanctioned from participating in any Federal or State health care related programs? Yes No If yes, explain: _____

Are you able to perform the job tasks or the essential functions of the position for which you have applied with or without accommodations? Yes No If no, explain: _____

CERTIFICATE OF APPLICANT

Permission is hereby granted to the University of South Alabama to investigate the statements and any and all other information on this application for supplemental materials, and I hereby release the University of South Alabama, its officers, agents and employees, and other agencies or individuals who may be contacted from any liability for so doing; provided that such furnishing of information is done without malice.

I, the undersigned applicant, hereby represent and warrant that all information, including any and all attachments and any and all certifications relating to citizenship, contained in this application, is true, correct and complete in all material respects. Pursuant to the Immigration Reform and Control Act of 1986, I hereby certify that I am qualified for employment.

I understand and acknowledge that any material misstatement in or omission from this application shall constitute cause for denial of this application and cause for immediate separation from the institution. I further agree that I will notify the University of South Alabama of any changes which render my information inaccurate or incomplete during the period for which I am being considered.

I understand the position for which I am applying and understand the essential functions of that position, and certify that I meet the minimum qualifications for the position, and can carry out the essential functions of the position.

Signature	Date
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EO/AA Employer - minorities/females/veterans/disabilities/sexual orientation/gender identity