

Date:

To:

From: Janice Miller, Faculty Approvals Office

Re: **Time to Sunset**

Dear Director,

Chapman University College asks the faculty member to update faculty records every five years. The paperwork in the file is now five years old and requires the new Sunset documents. Please ask the faculty to complete and return the following paperwork:

- Updated resume. Include Chapman experience, or any accomplishments, awards, additional degrees, presentations, speaking engagements, newsletters, conferences attended that would support instructor preparation to teach the selected courses.
- One clear copy Social Security Card
- Chapman Emergency Contact
- Chapman Supplemental Data
- Chapman Applicant Data Record
- Request for Teaching Approval form. (The courses indicated will be valid for the next five-year period. This form will be completed by University College Campus)

Please review the documents and make sure they are all included before forwarding to the Faculty Approvals Office.

Emergency Contact Information**Employee Name:** _____**Department/Work Location:** _____**Home Telephone Number:** _____**UPDATED EMERGENCY CONTACT INFORMATION***Local Contact***Person to Contact in Case of Emergency:**

Name: _____

Address: _____

Relationship: _____

Telephone No.:(_____)_____

Telephone No.:(_____)_____

Email: _____

*Out of State Contact***Person to Contact in Case of Emergency:**

Name: _____

Address: _____

Relationship: _____

Telephone No.:(_____)_____

Telephone No.:(_____)_____

Email: _____

Supplemental Data Sheet

Name _____

Soc. Sec. No. _____

Welcome to the Chapman University family of employees. We are glad you have joined us and hope that your employment with us will be enjoyable. To complete your personnel profile and the requirements of Affirmative Action, we would appreciate you providing the following data:

Sex Female Male Single MarriedDate of Birth / /
Mo. Day Year

Other Surnames Used: _____

Spouse's Name: _____

Are you employed anywhere in addition to Chapman University?

 Yes No

If yes, where: _____

Highest Degree: _____

Have you ever been bonded?

When _____

Where _____

Please indicate below if you possess emergency response training or if you speak any language(s) other than English.

 First Aid Certified _____ Year Completed CPR Certified _____ Year Completed Other Training: _____

Language(s) Spoken: _____

Person to Contact in Case of Emergency:

Name _____

Address _____

Relationship _____ Phone Number (_____) _____

Area Code

*** This form must be maintained in the Employee's personnel file.**

Human Resources, One University Drive, Orange, CA 92866
Phone (714) 997-6921 Fax (714) 997-6901 www.chapman.edu/af/hr/

APPLICANT DATA RECORD

Federal Law requires Chapman University to request the following information from each job applicant. The completion of Survey Data I, II & III is voluntary and confidential and used for statistical reporting. The information obtained from this form is not used in making employment decisions.

PLEASE PRINT OR TYPE

Name (Last, First, Middle Initial):	Today's Date:	Job Number Applied for:
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Survey Data I

_____ Male	_____ Female
Check one only:	
_____ American Indian or Alaskan Native	_____ Black/African-American (not of _____ Hispanic origin)
_____ Asian or Pacific Islander	_____ Hispanic
_____ Chinese/Chinese-American	_____ Mexican/Mexican American/
_____ Japanese/Japanese-American	_____ Chicano _____
_____ Filipino/Pilipino	_____ Latin-American/Latino _____
_____ East Indian/Pakistani	_____ Other Spanish/Spanish _____
_____ White (not of Hispanic Origin)	_____ American _____
	_____ I choose not to complete _____

Survey Data II

Check the most applicable to you:	
_____ U.S. Veteran	_____ U.S. Vietnam Era Veteran (8/5/64 – 5/7/75)

Survey Data III

How did you find out about our job openings? (Please check all that apply)	
___ Chapman University Job Board	Professional Association Journal,
___ Chapman University Website	Newsletter/Website
___ Chapman University Employee Referral	Name _____
___ Local Newspaper	Other Website
Name _____	Name _____
___ Community Agency	Other Sources
Name _____	Name _____