

ACADEMIC EMPLOYMENT APPLICATION

TYPE OR PRINT IN INK SIGN AT END

Virginia Wesleyan University is an Equal Opportunity Employer. Applicants are considered on the basis of skills, experience, and qualifications without regard to race, religion, color, creed, gender, national and ethnic origin, age, marital status, covered veteran status, sexual orientation, gender identity and expression, the presence of non-job-related medical disability, or any other legally protected status.

Attach Additional Sheets as Necessary			Date:					
					applying to teach:			
(Last Name)	(First)		(M.I.)	[Subj	ject(s) or subject area(s)]			
(Home Addres	ss)			I am	applying for: Full time Part-time			
(City)	(State)		(Zip)		Day	Evening		
(Home Telephone) (Office Telephone) (Social Security #)			Accommodation(s) needed to meet job qualifications:					
The following information may be included and attached in the form of a complete professional vita or resume. COLLEGES AND UNIVERSITIES ATTENDED (or equivalent professional training or study)								
Name of Institutionstructor)	ution (or private	Location			Undergraduate or Graduate	Degree(s) Received (B.A., B.S., etc.)		
ACADEMIC S	SPECIALIZATION Undergraduate: Graduate: Thesis Subject:		study study advance ree	ed study				

EMPLOYMENT HISTORY: List below your experience beginning with your present or most recent position. Describe each position separately, emphasizing your professional, supervisory and committee duties. Give special attention to experience relating to the position for which you are applying. Attach additional sheets if necessary.

PRESENT OR MOST RECENT POSITION FIRST

EMPLOYER	From:	
ADDRESS	(Month)	(Year)
SUPERVISOR'S NAME AND TELEPHONE	To:	
YOUR TITLE/RANK	(Month)	(Year)
DUTIES (Be specific)	Total Time:	
	(Month)	(Year)
	Full-Time?	
	9, 10, or 12 Mo	nths?
	Last Salary \$	
	(Optional)	(Annual)
EMPLOYER	From:	
ADDRESS	(Month)	(Year)
SUPERVISOR'S NAME AND TELEPHONE	To:	
YOUR TITLE/RANK	(Month)	(Year)
DUTIES (Be specific)	Total Time:	
	(Month)	(Year)
	Full-Time?	
	9, 10, or 12 Mo	nths?
	Last Salary \$	
	(Optional)	(Annual)
EMPLOYER	From:	
ADDRESS	(Month)	(Year)
SUPERVISOR'S NAME AND TELEPHONE	То:	
YOUR TITLE/RANK	(Month)	(Year)
DUTIES (Be specific)	Total Time:	
	(Month)	(Year)
	Full-Time?	
	9, 10, or 12 Mo	nths?
	Last Salary \$	
	(Optional)	(Annual)

PROFESSIONAL OR LEARNED SOCIETIES (include professional and scholastic honorary societies.)

	Name of Society and Chap	oter	Office(s	s) Held or Special Honors Received	
_					
Resea	rch, Thesis, or Dissertation Title	:(s):			
Gradu	ate credit hours beyond highest	degree:			
	ng experience:	bject area(s) which you are ad	iequatery	prepared to teach because of graduate study and/or	
Please	e list books, monographs, articles	s and other publications, indic	cating title	e, co-author(s) if any, date, and publisher.	
Refere	ences: (Please give names of three	ee persons who are familiar w	ith your p	probable success as a college teacher. List recent	
icadei	mic or other employment referen				
	Name/Official Position	Institution		Address	
-					
Please	e include and additional informat	tion that would support this ap	pplication		

Please comment on your philosophy of teaching, you preparation and experience are appropriate to teaching		eel your educational
☐ I have requested my graduate transcript be sent to	to the VPAA's office. Request was made on	
That o requested my graduate transcript of sense.		(Date)
The facts set forth in my application for employment are true an dismissal. I further understand that this application is not, and	is not intended to be, a contract of employment, nor does this ap	pplication obligate Virginia
Wesleyan University in any way if VWU decides to employ me. without notice at any time for any reason or no reason. No one for employment for any specified period of time or to make any	I understand and agree that my employment is at-will and can be other than an officer of Virginia Wesleyan University has any of the control	oe terminated by either party with or authority to enter into any agreement
Date	Signature of Applicant	

Please return this application and all support materials to:
Vice President for Academic Affairs
Virginia Wesleyan University
5817 Wesleyan Drive
Virginia Beach, Virginia 23455