## UMW Faculty Data Sheet

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** |  | |  | |  | | |
|  | Last | | First | | Middle | | |
| **Address:** |  | | | |  | | |
|  | Street Address | | | | Apartment/Unit # | | |
|  |  | | |  |  | | |
|  | City | | | State | ZIP Code | | |
| Cell/ Home Phone: | (     )     - | Email: |  | Date of Birth: |  | Female | Male |

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| --- | --- | --- | --- | --- | --- | --- |
| Are you legally eligible for employment in the United States? | YES | NO | Please check one of the following: | US Citizen | Resident Alien | Non-Resident Alien |
| *If Resident or Non-Resident Alien is checked, you must provide a copy of your VISA and either the I-94 form or Alien Registration Card and name your country of origin:* | | | | | | |

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| *Employees of the Commonwealth and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, marital status, national origin, handicap, sex, or age. You are requested to volunteer the following information, which is retained for statistical purposes and formal reports the College is required to submit to other state and federal agencies.*Race/Ethnic Designation: Multi-Racial  African-American, Black  Asian/Pacific Islander  Hispanic or Latino White, Non-Hispanic |  |

## Education

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| College: |  | | | | | Location: |  | |
| Attended from: | |  | to: |  | Degree: |  | Major Subject: |  |

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| College: |  | | | | | Location: |  | |
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| College: |  | | | | | Location: |  | |
| Attended from: | |  | to: |  | Degree |  | Major Subject: |  |

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| College: |  | | | | | Location: |  | |
| Attended from: | |  | to: |  | Degree |  | Major Subject: |  |

## Prior Teaching Information

|  |  |  |
| --- | --- | --- |
| Total number of higher education classes (for credit) taught as an instructor of record: | |  |
| What is your main teaching discipline? |  | |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Electronic Signature: |  | Date: |  |

Please return the completed Faculty Data Sheet to Martha Link in the Provost Office via email ([mlink@umw.edu](mailto:mlink@umw.edu)) or mail to the following address: *University of Mary Washington – Attn: Martha Link – 1301 College Ave. -GW Hall, Room 309 – Fredericksburg, VA 22401*