

# PRIOR WORK EXPERIENCE COLLECTION FORM UNIVERSITY FACULTY

Complete	
Name:	
Highest Degree:	Institution:
Field of Study:	Date Received:

Dean/Director/Vice President Use Only		
Title or Rank:		
Department:		
PRF No:	Appt Status:	Position Number:

**NOTE: The information on this form is used to calculate your potential base salary. All information must be included, and all information must be true and accurate. Minnesota State Mankato cannot adjust your base salary in the future based on incomplete or inaccurate information.**

A. Collegiate Experience							
<p>Please provide information regarding service in collegiate teaching, paid academic research, paid post-doctoral research, and academic administration experience prior to hiring. This includes all sabbatical leave periods and conscripted military service from such institutions, and all academic administration and/or university approved research experience. Do not include graduate assistantships, teaching assistantships, research assistantships, or other work related to your area of study undertaken at or for an institution while you were a graduate student.</p> <p><b><u>All fields must be completed. Attach additional sheets if necessary.</u></b></p>							
Teaching Discipline	Job Title/Academic Rank	Institution	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Full Yr/ Acad Yr	% of Full-time	Years of FTE Experience
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
					12 mo 9 mo		
Total Collegiate Experience (to be completed by campus evaluator--list actual years):					<input style="width: 50px; height: 20px;" type="text"/>		

**B. Community/Technical College Experience**

Please provide information regarding service in community/technical college teaching, counseling, librarianships, and academic administration.

**All fields must be completed. Attach additional sheets if necessary. Report actual, not weighted, years of experience.**

Job Title or Teaching Discipline	Institution	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Full Yr/ Acad Yr	% of Full-time	Years of FTE Experience
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		

Total Community/Technical College Experience (to be completed by campus evaluator--list actual years):

**C. Elementary and Secondary Experience**

Please provide professional-level experience at elementary and secondary schools.

**All fields must be completed. Attach additional sheets if necessary. Report actual, not weighted, years of experience.**

Job Title or Teaching Discipline	Institution	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Full Yr/ Acad Yr	% of Full-time	Years of FTE Experience
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		

Total Elementary/Secondary Experience (to be completed by campus evaluator--list actual years):

**D. Other Experience** (Business, Industry, Government, Miscellaneous or Military experience)

Please provide information regarding other professional-level experience in business, industry, government, miscellaneous, or military areas that directly relate to your faculty assignment.

**All fields must be completed. Attach additional sheets if necessary. Report actual, not weighted, years of experience.**

**NOTE: Full-time experience must be recognized for military service resulting from conscription from state university employment.**

Job Title or Teaching Discipline	Institution	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Full Yr/ Acad Yr	% of Full-time	Years of FTE Experience
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		
				12 mo 9 mo		

Total Other Related Experience (to be completed by campus evaluator--list actual years):

Total Years of Experience:

*I attest that all statements and representations set forth above are true and accurate. Inaccurate statements or misrepresentations concerning my work experience may lead the University to take one or more of the following actions: withdrawal of an offer of employment; modification of starting salary; and in the event that I become an employee, disciplinary action up to and including discharge. I further understand that I cannot change this information in the future in an effort to obtain a different base salary.*

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature indicates receipt of the IFO Master Agreement between the Minnesota State Colleges & Universities Board of trustees and the Inter Faculty Organization.**

Evaluator 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_