



# American Liberty University

Excellence in Higher Education



## FACULTY APPLICATION

American Liberty University - A.L.U.  
1440 N. Harbor Blvd. 9<sup>th</sup> Floor  
Fullerton, California 92835

www.ALUniversity.edu  
Education@ALUniversity.edu  
Phone: 1-877-ALU-8881

LAST NAME		FIRST NAME, MIDDLE INITIAL			SOCIAL SECURITY NO.		
HOME ADDRESS: NUMBER, STREET				APT. NUMBER	TELEPHONE NO.		
CITY		STATE	ZIP CODE		FAX NO.		
E-MAIL	CITIZENSHIP	RESIDENCY	VISA	ETHNICITY (OPTIONAL)	RELIGION (OPTIONAL)	VETERAN	
APPLICANT'S BIRTHPLACE: CITY		STATE	COUNTRY (If not USA)		COUNTRY OF CITIZENSHIP (If not USA)		
DATE OF BIRTH (Month, Day, Year)		TITLE: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	SEX: <input type="checkbox"/> M <input type="checkbox"/> F		MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S (OPTIONAL)		

**Office Use Only**

FACULTY I.D.#:	STATUS:
----------------	---------

LIST ALL COLLEGES ATTENDED <small>(USE ADDITIONAL SHEET IF NECESSARY)</small>	LOCATION	DATES		MAJOR	DEGREE RECEIVED		NUMBER OF UNITS
		FROM	TO		TYPE	MO/YR	

**OTHER ACADEMIC, VOCATIONAL OR SPECIALIZED EDUCATION**


**PROFESSIONAL LICENSES OR CERTIFICATES HELD**

1.	2.
3.	4.

PRESENT EMPLOYER	POSITION OR JOB TITLE	DATE OF EMPLOYMENT	TELEPHONE NO.		
EMPLOYMENT SITE ADDRESS	CITY	STATE	ZIP CODE	COUNTRY	

IF NOT U.S. CITIZEN, ARE YOU A PERMANENT RESIDENT OF THE U.S.?  YES, ALIEN REGISTRATION NUMBER  NO

---

**INTERNATIONAL APPLICANTS**

IF YOU HOLD A U.S. VISA, PLEASE INDICATE TYPE

WHAT DATE DID YOU ENTER THE U.S.? (Month/year)

DATE YOUR CURRENT VISA EXPIRES

IF YOU DO NOT CURRENTLY HOLD A U.S. VISA, LIST THE TYPE EXPECT TO OBTAIN

---

DESCRIBE ANY LANGUAGES YOU SPEAK, READ, OR WRITE AND TO WHAT EXTENT.

1.  SPEAK %  READ %  WRITE %
2.  SPEAK %  READ %  WRITE %
3.  SPEAK %  READ %  WRITE %

LIST PERSONS WHOM YOU HAVE ASKED TO WRITE LETTERS OF RECOMMENDATION:

1. OCCUPATION TELEPHONE NO.
2. OCCUPATION TELEPHONE NO.
3. OCCUPATION TELEPHONE NO.

Have you previously applied for faculty to ALU?  Yes  No (If yes, when?)

Have you previously employed at ALU?  Yes  No (If yes, when?)

If yes, past employed status:

---

AT THE DISCRETION OF THE ADMISSIONS COMMITTEE, APPLICANTS MAY BE INITIATED FOR AN ORAL INTERVIEW.

**EMERGENCY CONTACT**

LAST NAME	FIRST NAME	TELEPHONE NO.
STREET ADDRESS	CITY	STATE ZIP CODE

I hereby certify that, to the best of my knowledge, the information provided in this application is true and complete. I understand that any falsity or incompleteness in the information submitted may result in the rescission of my admission or employment by American Liberty University. If admitted, I agree to abide by the university's rules and regulations, as outlined in the current catalog and Faculty Handbook. I acknowledge that all official documents submitted for admission consideration become the property of American Liberty University and will not be released to another institution or returned to me. I further understand that my acceptance is contingent upon verification of my final records from all attended institutions and employers.

Publishing Permission: By signing below, I grant American Liberty University permission to publish my name and credentials in its catalog, website, and other university publications.

---

**Applicant's Signature**

---

**Date**

American Liberty University does not unlawfully discriminate on the basis of race, color, national or ethnic origin, religion, age, sex, handicap or prior military service in administration of its educational policies, admission, financial aid, educational programs, or activities.