Youngstown STATE UNIVERSITY

PART-TIME FACULTY
APPLICATION

Applicant Information *(to be completed by applicant)*

Last Name _____ First Name _____ Middle Name or Initial _____

☐ Male ☐ Female ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

Social Security Number *OR* Banner ID Number _____

Address: ☐ Mailing _____
(location where you receive mail -- i.e. PO Box, etc.)

☐ Permanent _____
(physical location where you live, if different from mailing address)

Home Phone: _____ Cell Phone: _____

E-mail Address: *(YSU E-mail address preferred, if available)* _____

Primary Employer: _____ Business Phone: _____

ACADEMIC BACKGROUND

(Transcript showing highest degree earned must be submitted to academic department to which you are applying.)

DEGREE	INSTITUTION	YEAR	MAJOR

Have you ever been an employee of Youngstown State University?	Are you currently an employee of Youngstown State University?	Are you retired out of Ohio's PERS or STRS system?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Applicant's signature on this form verifies the above to be true. _____
Applicant Signature *Date*

APPLICANT: Submit this form to the academic department in which you are interested in teaching.

➡ **Application reviewed; applicant meets criteria for part-time teaching.**

DEPT: _____ Dept. Org. No. _____

Chairperson's Signature *Date* *Dean's Signature* *Date*

➡ **Please send this application form to the Employee Processing Center along with the following documents.**

Direct Deposit Authorization, I-9 Employment Verification, W-4 (Federal), IT-4 (State), Public School District form, STRS New Hire Form (or STRS Reemployed Retiree form), SSA-1945, Terrorist Declaration, and Race/Ethnic/Veteran Information form.

Entered into Banner	Initials:	Date:	YSU Banner Number:

After this form has been processed by the EPC, it will be returned to the employing academic department.

Source: Human Resources (Employee Processing Center) ---- Revised 10/28/2008