



UCSB
BIOGRAPHY FOR
ACADEMIC PERSONNEL

This page not to be
released to the
public

To be completed by department:

Campus _____ Department _____ Title(s) _____

Name

Last

First

Middle

Home Address

Street

City

State

Zip

Telephone

Preferred mailing
address, if different

Street

City

State

Zip

Telephone

Preferred email

Date of Birth

Are you a citizen of the U.S.?

Yes ☐

No ☐

If Not a Citizen of the U.S., Entry Date or Anticipated Entry Date into U.S.

Type of Visa

Name and permanent address of person to be contacted in case of emergency:

Name

Street

City

State

Zip

Telephone

☐ I have relatives employed by UCSB (list):

☐ I have no relatives employed by UCSB

Name

Relationship

Department

PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal reason for requesting the information on this form is for purposes of academic personnel administration and University public relations. University policy authorizes maintenance of this information.

With your permission, information on education, honors, awards, and/or publications may be used for University public relations purposes and therefore may be released to the public. Individuals have the right to review their own records in accordance with Academic Personnel Manual Section 160. Information on this policy can be obtained from campus or Office of the President Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are the campus Academic Vice Chancellors.

NONDISCRIMINATION POLICY STATEMENT

The University of California prohibits discrimination against or harassment of any person employed by or seeking employment with the University on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy¹, physical or mental disability, medical condition (cancer - related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, status as a protected veteran or service in the uniformed services².

University policy prohibits retaliation against any employee or person seeking employment for bringing a complaint of discrimination or harassment. University policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment.

The University of California is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age, protected veteran status, or other protected status under state or federal law.

¹ Pregnancy includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth.

² Service in the uniformed services includes service in the uniformed services as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) as well as state military and naval service.

Current and previous applicable employment

Please provide information related to your current, or most recent academic (or otherwise relevant) employment.

INCLUSIVE DATES: MONTH AND YEAR	INSTITUTION, FIRM OR ORGANIZATION AND LOCATION	RANK, TITLE OR POSITION
FROM: TO:		
FROM: TO:		

Prior and/or planned concurrent UC employment, if not listed above:

INCLUSIVE DATES: MONTH AND YEAR	UC CAMPUS/DEPARTMENT	RANK, TITLE OR POSITION
FROM: TO:		
FROM: TO:		

UCPath Employee ID #, if applicable:**Educational background: most advanced degrees earned or in progress:**

DATES OF ATTENDANCE	NAME OF SCHOOL, COLLEGE, UNIVERSITY	LOCATION	MAJOR SUBJECT OR FIELD	DEGREE	DATE RECEIVED

Signature _____ Date _____