**Appointment Information Form for Salaried Appointments**

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** Category I (Post-Doctoral Fellow)………….…..[ ] Associate Visiting Professor………...……...[ ]

Category II (Visiting Scholar)………..……….…..[ ] Visiting Professor…………..……...……..……..[ ]

Category III (Research Associate)…….………..[ ] Lecturer…………………..…………………..……..[ ]

Assistant Professor……………………………….…..[ ] Instructor…………………..………….…….……..[ ]

Benjamin Peirce Fellow……………..…….………..[ ] Other……………………..…………………………..[ ]

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| **Permanent Address:** | | | | | | |  | **Local Address:** | | | | |
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| **E-mail Address:** | |  | | | | | | | | | | |
| **Date of Birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_** | | | | **Male** – [ ] **Female** – [ ] | | | | | | **Married** – [ ] | | |
| **Spouse’s Name:** | |  | | | | | | | | | |  |
| **Are you a US Citizen?:** Yes [ ] No [ ] | | | | | **If not, type of visa:** | | |  | | | | |
| **Ethnicity:** | Black (not of Hispanic origin) – [ ] Asian or Pacific Islander – [ ] Native American or Alaskan Native – [ ] | | | | | | | | | | | |
| Hispanic – [ ] | | | | | | White (not of Hispanic origin) – [ ] | | | | |  | |
| **Telephone Numbers:** | | | (Office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| In Case of Emergency: (Contact #1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In Case of Emergency: (Contact #2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Appointment Starting Date:** \_\_\_\_ /\_\_\_\_ /\_\_\_\_ **Appointment Ending Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Previous Harvard / Radcliffe Employment** (Please include all types of appointments and dates):

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| **Academic Degrees** | | | | | | |
| **Degree** |  | **Year** |  | **College/University/Institute** |  | **Discipline** |
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| **Academic Appointment / Title Currently Held:** | | | | | |  | | | |
| **Permanent University Affiliation:** | | | |  | | | | | |
| **Amount of Support during Harvard Appointment:** | | | | | | |  | | |
| **Source of Support:** |  | | | | | | | | |
| **Name of Faculty Sponsor:** | |  | | | | | | **Field of Research:** |  |
|  | | |  | |  | | | (e.g. Algebraic Geometry, Number Theory, etc.) | |

**Please scan and email the completed form to:** Larissa Kennedy (lkennedy@math.harvard.edu)

**If you have a U.S. social security #, please call Larissa Kennedy at (617) 496-9200**

**to provide the #**

\*When writing your date of birth, please use the format of MM/DD/YYYY (e.g. 01/12/1945 for January 12, 1945).