**Minnesota State Colleges and Universities**

**Prior Work Experience Collection Form for University Faculty**

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| Name: |  | |  | ***To be completed by Dean/Director/Vice President*** | |
| *Academic Rank:* |  |
| Highest Degree: | |  | *Department/Program:* |  |
| Date Received: | |  | *Appointment Status:* |  |
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**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. Winona State University cannot adjust your base salary in the future based on incomplete or inaccurate information.**

**Employment for this position is covered by IFO Master Agreement between the Minnesota State Colleges & Universities Board of Trustees and the Inter Faculty Organization which can be found at** [**https://www.winona.edu/hr/seniorityrostersandunioncontracts.asp**](https://www.winona.edu/hr/seniorityrostersandunioncontracts.asp)

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| 1. **COLLEGIATE EXPERIENCE** | | | | | | | | |
| 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.*** All fields must be completed. Attach additional sheets if necessary. | | | | | | | | |
| **Teaching Discipline** | **Academic Rank / Job Title** | **Institution** | **Begin Date**  (mm/yyyy) | **End Date**  (mm/yyyy) | **Full Year** (12 mo) | **Acad Yr**  (9 mo) | **% of Full-Time**  (FTE) | **Years of FTE Experience** |
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**Total Collegiate Experience** (to be completed by campus evaluator—list actual years)

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| 1. **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/yyyy) | **End Date**  (mm/yyyy) | **% of Full-Time**  (FTE) | **Years of FTE Experience** |
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**Total Community Technical College Experience** (to be completed by campus evaluator—list actual years)

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| 1. **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/yyyy) | **End Date**  (mm/yyyy) | **% of Full-Time**  (FTE) | **Years of FTE Experience** |
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**Total Elementary/Secondary Experience** (to be completed by campus evaluator—list actual years)

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| 1. **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** | **Institution** | **Begin Date**  (mm/yyyy) | **End Date**  (mm/yyyy) | **% of Full-Time**  (FTE) | **Years of FTE Experience** |
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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMIT COMPLETED FORM TO THE DEAN**

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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