

# FACULTY ACTIVATION FORM



Full Time      Adjunct      CWID: \_\_\_\_\_

Employed at SHU in the last 12 months?    Yes                      No

## Employment Information - To Be Completed by Hiring Official

Last Name:	First Name:
Hire Date:	Year: <span style="float: right;">Semester:</span>
Department Name:	Orgn #:
School:	Rank (Full Time Faculty Only):

The above named employee has reviewed the new hire packet and has been formally interviewed by a University hiring official and meets all prerequisites established by the University. Please instruct the employee to report to the HR Office with the necessary documentation to complete the Form I-9.

\_\_\_\_\_  
Dean or Department Chair (Sign)

\_\_\_\_\_  
Dean or Department Chair (Print)

\_\_\_\_\_  
Date

## Personal Information - To be Completed by Employee

SSN:	Date of Birth:
Street Address:	City:
State:	Zip Code:
Telephone:	Email Address:
I last taught at SHU:      Spring      Summer      Fall      Year: _____      Not Applicable	

Employment is contingent upon satisfactory criminal and other relevant background investigations per the University's background check policy. The determination of "satisfactory" is at the discretion of the University. **I understand that if I am contacted by Application Station/TrueScreen for a background check I must consent within 3 business days of the email.**

\_\_\_\_\_  
Employee Name (Sign)

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Date