

Nonpublic Postsecondary Education Commission

Exhibit A
Personnel Data Inventory

- Full-time
 Part-time

1. _____
Name of Employee (Last name, first, middle initial)

2. _____
Name of Institution

3. _____
Home Address

4. _____ 5. _____
Job Title Hours Per Week

6. _____
Principal Duties/Area of Instruction

7. _____ 8. _____
Social Security Number Home Telephone Number

9. Professional Trade License: _____

_____ Type _____ Issued By _____ Effective _____ Expires _____

10. Education

Type of School	Name and Address of School	Attended		Major and Minor	Degree Received
		From	To		
High School					
College					
Graduate					
Other					

II - Employment Experience (List most recent position first: list additional positions on a separate sheet if needed.)

From	To	Employer and Address	Duties
Position			
Hours Per Week			
From	To	Employer and Address	Duties
Position			
Hours Per Week			
From	To	Employer and Address	Duties
Position			
Hours Per Week			
From	To	Employer and Address	Duties
Position			
Hours Per Week			

12. **Other Disclosures** (Please attach resume or use additional paper if needed.)

A. If you were dismissed or otherwise terminated by a previous employer, please identify the employer(s) and explain the circumstances of the termination.

B. If requested by the Nonpublic Postsecondary Education Commission, would you be able to furnish official transcripts from all institutions which you attended?

Yes No

If no, please explain.

C. Have you ever been convicted for violation of any federal, state, or local law or ordinance (excluding minor traffic violations)?

Yes No

If yes, please explain. Provide date(s) and location(s).

D. Military Service

None

Currently active, branch: _____, induction date: _____

Discharged, branch: _____, induction date: _____

separation date: _____, type of discharge: _____

13. Certification

I certify that all of the data and information in this application are true, complete and correct to the best of my knowledge and belief. I recognize that incomplete or inaccurate information may result in denial or revocation of a Certificate of Authorization for the institution at which I am employed. I authorize the release to the Nonpublic Postsecondary Education Commission any information pertinent to its personnel standards and regulations.

Signature _____

Date _____