

Request for Subsequent Appointment: Coaches/Counselors/Librarians

To request a subsequent appointment as a Coach/Counselor/Librarian, please complete this form and submit to the address below.

P	lease complete till		
Name:		Highest Degree:	
Address:		Specialization:	
City: State	Zip Code:	Awarding Institution:	
Country:		Award Date:	
Phone #: Cell F	Phone #:		
Email Address:		Department:	
	Date available t	o begin appointment:	
	Please list the a	ssignment(s) for which you are ap	plying.
(Please see assign		ualifications listed on the departme	
	-	below for any updates since your	last application.
 Attach an updated résumé or curriculun 			
List courses taught at other institutions,			. You do not need to include courses taught at HSU.)
	Course #	Course Title	
			
L			
 List additional relevant training, education 	on, or professional exper	ience: (Please attach additional sheets	sifneeded.)
			d in application for this position are true and correct and
that I have not knowingly withheld any facts or cir be employed at Humboldt State University, any fa	cumstances. I understan lse statements, misrepre	d that all statements made in my applesentation or omission of facts in these	d in application for this position are true and correct and lication materials are subject to verification and that should I materials may be sufficient reason for dismissal, no matter ted (e.g., cover letter, curriculum vitae/résumé, etc.)
that I have not knowingly withheld any facts or cir be employed at Humboldt State University, any fa	cumstances. I understan lse statements, misrepre	d that all statements made in my applesentation or omission of facts in these	lication materials are subject to verification and that should I e materials may be sufficient reason for dismissal, no matter ted (e.g., cover letter, curriculum vitae/résumé, etc.) Please submit to the department to which
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Print Form

APS Form 595: Request for Subsequent Appointment: Coaches/Counselors/Librarians

Updated: 10/26/2020

One Harpst Street

Arcata, CA 95521-8299