



**Office of Faculty Administration**  
Burrowes Hall, LSC  
6331 N Sheridan Road  
Chicago, IL 60660  
P: 773.508.7478 / E: faculty-admin@luc.edu

*Preparing people to lead extraordinary lives*

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## Part-time Faculty Application

LUC is an Equal Opportunity/Affirmative Action employer with a strong commitment to hiring for mission and diversifying our faculty. As a Jesuit Catholic institution of higher education, we seek candidates who will contribute to our strategic plan to deliver a transformative education in the Jesuit tradition. To learn more about LUC's mission, candidates should consult our website at <http://www.luc.edu/mission/>. For information about the university's focus on transformative education, candidates should consult our website at <http://www.luc.edu/transformatived>. Applications from women, minority, veterans and disabled candidates are especially encouraged.

### Personal Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you currently (or have you been) employed at Loyola University Chicago: Yes \_\_\_\_ No \_\_\_\_

Are you legally eligible for employment in the United States: Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of a crime (If yes, describe the nature and circumstances): Yes \_\_\_\_ No \_\_\_\_

# Part-time Faculty Application Cont'd.

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## Agreement

I certify that all information provided by me on this application and my Curriculum Vitae and during any interview process is true, accurate and complete. I acknowledge and understand that denial of employment or, if hired, termination of employment may occur in the event I provide false, inaccurate or incomplete information.

I grant permission to Loyola University Chicago to contact the references, former employers and educational institutions listed in my application and resume and for such entities or persons to provide information to Loyola University Chicago in order for it to verify the information I have provided and to evaluate me for possible employment. I further authorize Loyola University Chicago to rely upon and use, as it deems appropriate, any information received from such contacts.

I acknowledge and understand that this application is not an offer of employment or contract. I also acknowledge and understand that any employment with Loyola University Chicago is on an at-will basis, which means that my employment is not guaranteed for any specific length of time and may be ended by myself or Loyola University Chicago at any time. I also acknowledge and understand that Loyola University Chicago is a drug-free workplace and that smoking is not permitted in any of its buildings or vehicles.

In addition, in accord with general university policy, continued part-time faculty appointments are conditional upon completion of a background check process. You will in due course be contacted via email regarding fulfillment of this requirement.

By signing below, I certify that I have read and agree with these statements.

Applicant's Name

Applicant's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## To be completed by Chairperson or Director

Primary location for academic responsibilities: \_\_\_\_\_

Proposed effective date: \_\_\_\_\_

Signature of Chairperson or Director: \_\_\_\_\_

Signature of Dean (or designated individual): \_\_\_\_\_

## **Additional Instructions**

*Upon approval from the Dean, please forward this application through campus mail along with a curriculum vitae and original transcripts to Faculty Administration, Burrowes Hall, Lakeshore Campus.*