APPLICATION FOR HIRING NEW FACULTY

Candidate Name: ___________________________  Full-time: [ ]  Adjunct: [ ]

School/Division: ___________________________  Department: ___________________________

Chairperson: ___________________________  Recommended Rank/Salary Step: ___________________________

Effective Date: ___________________________  Classroom Faculty: [ ]  Non-classroom Faculty: [ ]

All appointments to full time faculty positions at any rank, exclusive of appointments of Directors or Administrative Heads in non-classroom faculty Areas, shall be made by the President of the College after having been reviewed by the qualified voters of the Department or Area, the School Dean or Director and the Vice President.

If a candidate is being considered for a rank higher than the first step of Instructor, and the majority vote is for approval, the candidate's name, together with the School Dean or Director, recommendations shall be sent to the College-wide Tenure and Promotion Committee for consideration and recommendation to the President.

The following must be attached to this application: Department recommendation, candidate’s curriculum vitae, the position announcement, (peer reviews and student evaluations if currently an FIT adjunct), department/school/division hiring criteria and any additional background information that may be considered pertinent for this position.

**Department Vote - Recommendation for Hiring:**

| Date Vote Taken: ___________________________ | Indicate Number of Faculty Eligible to Vote*: ___________________________ |
| | F/T: ______  CCE: ______ |
| | *A majority of the full-time eligible voters of the Department constitutes a quorum. |
| Indicate Number of Faculty Voting: ___________________________ | Absent: ______ |
| F/T: ______  CCE: ______ |

Records of Votes:  Yes: ______  No: ______  Abstain: ______

The Department recommends the hiring of this candidate:  Yes [ ]  No [ ]

**Department Vote - Recommendation for Hiring Above Step 0:**

(Note: If the department is recommending to hire above the first step, this vote must be a separate vote from the department vote to hire.)

| Date Vote Taken: ___________________________ | Indicate Number of Faculty Eligible to Vote*: ___________________________ |
| | F/T: ______  CCE: ______ |
| | *A majority of the full-time eligible voters of the Department constitutes a quorum. |
| Indicate Number of Faculty Voting: ___________________________ | Absent: ______ |
| F/T: ______  CCE: ______ |

Records of Votes:  Yes: ______  No: ______  Abstain: ______

The Department recommends the hiring of this candidate above Step 0:  Yes [ ]  No [ ]

**Please complete for current adjunct faculty:**

| Initial Date of Hire: ___________________________ | Total # of Hours to date: ___________________________ |
| | |
| Was CCE granted?  Yes [ ]  No [ ]  CCE Date: ___________________________ |
Please include a department statement for all candidates recommended for hire (and justification for proposed schedule/step based on hiring criteria if the department has voted to hire above the first step.)

- **If recommending for hire please attach:**
  - Department/School/Division Hiring Criteria
  - Position Announcement
  - CV/Resume
  - Peer reviews/Student Evaluations (if currently adjunct)
  - Department Statement

- **If recommending for hire above step 0 also attach:**
  - Justification for Proposed Schedule/Step Based on Hiring Criteria

Recommended Rank:____________________________________________ Salary Schedule and Step:_____________

Department Chairperson’s Signature:____________________________________________ Date:________________

**Department Minority Statement** (if applicable): (Please Attach)

**Dean’s Recommendation:** (Please Attach)

Recommended Rank:____________________________________________ Salary Schedule and Step:_____________

Dean’s Signature:____________________________________________ Date:________________

**College-Wide T&P Committee:** (Please Attach)

Recommended Rank:____________________________________________ Salary Schedule and Step:_____________

T&P Chairperson’s Signature:____________________________________________ Date:________________

**Vice President’s Recommendation:** (Please Attach)

Recommended Rank:____________________________________________ Salary Schedule and Step:_____________

Vice President’s Signature:____________________________________________ Date:________________

**President’s Decision:**

- ☐ Appointment Approved
- ☐ Appointment Not Approved

Recommended Rank:____________________________________________ Salary Schedule and Step:_____________

President’s Signature:____________________________________________ Date:________________

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Eff. 9/13