

# Petition for Faculty Status

## Petition for Faculty Status:

Faculty Associate ☐  
Faculty ☐  
Senior Faculty ☐  
Distinguish Faculty ☐

**Instructions:** This form must be typed and completed in its entirety

Full Name\_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address City and State\_\_\_\_\_

Professional Address City and State\_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Professional Telephone Number\_\_\_\_\_

Fax Number\_\_\_\_\_ Mobile Number\_\_\_\_\_

Web Site Address\_\_\_\_\_

## Education:

Highest Earned Degree\_\_\_\_\_ Date Received\_\_\_\_\_

Institution\_\_\_\_\_

Institutional Address City and  
State\_\_\_\_\_

Other Relevant Educational Attainment (add properly labeled, additional sheets, if necessary)

Description\_\_\_\_\_

Date Received\_\_\_\_\_

Awarding Institution:

Name and Address\_\_\_\_\_

## Employment:

Current Position\_\_\_\_\_

Start Date\_\_\_\_\_

Organization \_\_\_\_\_  
Name and  
Address \_\_\_\_\_

Immediate Past Position of  
Employment \_\_\_\_\_  
Inclusive Dates \_\_\_\_\_  
Organization Name and Address City and  
State \_\_\_\_\_

**Licensures/Certification:**

Lic. /Cert.:  
Number \_\_\_\_\_  
Inclusive Dates \_\_\_\_\_  
Awarding Authority Name and  
Address \_\_\_\_\_

Have you ever been sanctioned, lost your license or been disciplined by any professional organization, governmental organization or convicted of an offense involving unprofessional conduct or violation of any code of ethics?

Yes\_\_\_ No\_\_\_ If yes, please  
explain \_\_\_\_\_

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**Professional Interest of Study:**

Forensic Education and Advocacy ☐  
Behavioral Change Strategies ☐  
Employment Services Opportunities ☐  
Full Male Development ☐  
Youth/Young Adults Aging Out of Foster Care ☐  
Historically Black Colleges and Universities ☐

**Areas for Faculty Involvement:**

1. Research ☐
2. Curriculum Development and Training ☐
3. Skills Training ☐
4. Evaluation ☐
5. Program Design and Development ☐
6. Program Management ☐
7. Model Implementation ☐

**Supporting Documentation Checklist:**

Educational verification requested for direct submission to IAWF\_\_\_\_

Three letters of recommendation requested for direct submission to IAWF\_\_\_\_

Work Sample Attached\_\_\_\_\_

Work Plan Attached\_\_\_\_\_

Additional Documentation, if any:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The foregoing information and all attachments are submitted as essential components of my petition for Faculty status, and on which the Institute for the Advancement of Working Families may judge my candidacy for appointment. I hereby certify that the above information is true and complete. Further, I hereby give permission to the Institute for the Advancement of Working Families to investigate and verify all information regarding my petition and background. All information and material will become the property of IAWF.

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Signature

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Date