

## The University of New Mexico Professional Profile

This form is to be completed by all Temporary, Part-Time Faculty when first appointed as temporary, part-time faculty, and thereafter, when there has been a significant change in professional status.

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name, First Name, Middle Initial

\_\_\_\_\_  
UNM ID

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Department

Have you ever held a full-time, faculty appointment at the University of New Mexico?     Yes     No

If you are regularly employed in a position outside UNM, please indicate your current employment below:

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address (including City and Zip): \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**Educational Background and Job Related Training:**

Institution Graduated	Location	Diploma/Degree & Major/Minor or Area of Course Work	Year	
				<input type="checkbox"/>
Yes	No			<input type="checkbox"/>
	Yes	No		<input type="checkbox"/>
			Yes    No	<input type="checkbox"/>

Other Degrees and/or Professional Certificates:

\_\_\_\_\_

\_\_\_\_\_

Licenses or certificates (*if required for this position*): \_\_\_\_\_

Are you now licensed or certified in your position or occupation?     Yes     No