



**General Information Form
(Postdoctoral Scholars)**

Faculty Supervisor: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Proposed Start Date: _____ Proposed End Date
(M/D/YR) (1 Yr min): _____
(M/D/YR)

Proposed Monthly

Salary Amount:

Source of Salary: _____

University of Washington to pay **OR** paid direct outside of the University of Washington? If UW, what are the worktags?

YES NO

YES NO

Are you a citizen of the United States?

If no, are you authorized to work in the
U.S.?

Financial
Sustainability
Statement :

Describe above how this position will be funded

Work
Location
(Office): _____

Required Documentation

- **Current CV**
- **Proof of PhD Conferral** (copy of diploma, official transcript, or a formal statement from the university's registrar or graduate school with an official seal or notary stamp)

Send this completed form to sefshr@uw.edu

HR will contact applicant regarding the required Sexual Misconduct Declaration (SMD) check