

APPLICATION FOR BENJAMIN PEIRCE LECTURESHIP IN MATHEMATICS

Please submit the following information to: Benjamin Peirce Lecturer, Department of Mathematics, Harvard University, One Oxford Street, Cambridge, MA 02138 Fax: (617) 495-5132

- * This application form
- * Three letters of recommendation: ***At least one letter must discuss the applicant's teaching qualifications*** and, you should arrange to **have all of these letters sent to us under separate cover:**
- * Curriculum Vitae
- * An abstract of your thesis: (Labeled as: **Abstract Thesis**)
- * An abstract of any past research you have done: (Labeled as: **Past Research**)
- * Your research plans for the coming year: (Labeled as: **Future Plans**)

All application materials MUST be received NO LATER than December 15th 2006, in order to guarantee full consideration of the application. Decisions will be made by the middle of February. The Benjamin Peirce Lectureship has the status equivalent to an Assistant Professor. The appointments are for three years with a very competitive starting salary for the nine-month academic year. This salary usually can be augmented by teaching at the Summer School or by working on a research contract if funds are available. The teaching commitment is three half courses per year, including a one-term course on a subject of the lecturer's choice, if desired. The Benjamin Peirce Lecturers are expected to take part in the usual tasks of advising students.

Last Name: _____ **First Name:** _____
Email Address: _____
Address: _____
Telephone: _____ (Office)(_____) _____ (Home) (_____) _____
Current Institutional Affiliation: _____
Social Security Number: _____ Are you an U.S. citizen or authorized to work in the US? Yes [] No []

Any offer of employment is conditioned on proof of U.S. citizenship or authorization to work in the U.S.. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

If you have ever had an appointment at Harvard please state type and dates: _____

Academic Degrees:

Degree	Subject	School	Year Graduated
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Year of Ph.D.: _____ **Ph.D. Advisor:** _____

If the Ph.D. is not presently held, date on which you expect to receive: _____

Field of Interest: _____

Primary Interest: _____

Give a brief synopsis of your current research interests (e.g. finite group actions on four-manifolds). Avoid special mathematical symbols. _____

Most recent, if any, position held post Ph.D. (you may include any verifiable work performed on a volunteer basis)

University or company: _____

Position: _____

Title: _____ **Dates:** _____

Fellowships:

Honors:

Teaching Experience:

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List the names, addresses and email addresses of 2 Referees who will each provide you with a letter of recommendation:

(1)

(2)

List the name, address and email address of 1 Referee who will provide you with a teaching letter of recommendation:

(1)

I hereby state that the information on this application and all other information otherwise provided is true and correct. I understand that any misrepresentation or omission could result in denial or termination of employment at any time. I authorize Harvard University to verify the statements on my application and/or resume and any other information I have provided, to make inquiries regarding my employment and education, and to obtain any and all information it deems necessary in order to evaluate my application. I authorize any employer, school, and other individual or entity that has knowledge of me or my records to release such information to and communicate freely with Harvard University. In consideration for Harvard's review of my application for employment I hereby release any individual, entity, and Harvard University from all claims or liabilities whatever that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

Signature of applicant: _____

Date: _____

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In order to comply with federally mandated equal opportunity hiring practices, we are required to obtain demographic information from all applicants to faculty positions. We are therefore writing to you to ask that you help us with this process by providing information through the self-identification website http://www.fas.harvard.edu/~acadaff/self_id/self_id.html . Please take a moment to click on the link and complete the brief survey.

Submission of demographic information through this form is completely voluntary and the information you provide will be kept strictly confidential. All racial/ethnic information will be gathered and maintained in the Office for Academic Affairs, a location separate from the department and all applicant records. Information on applicant pools will be available to departments only in aggregate form. Your decision to participate (or not) will in no way affect the evaluation of your application now or in the future. Your cooperation is much appreciated.