



## *Office of Human Resources*

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Morgan State University  
1700 E. Cold Spring Lane  
Carter-Grant-Wilson Building  
Baltimore MD 21251-0001  
443-885-3195 (Voice)  
443-885-8209 (Fax)

# *APPLICATION FOR EMPLOYMENT*

**Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act Statement**

In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act,  
Morgan State University has made crime statistics available on-line at:

[http://www.morgan.edu/Documents/ADMINISTRATION/Finance\\_Mgmt/police/2011CleryReport.pdf](http://www.morgan.edu/Documents/ADMINISTRATION/Finance_Mgmt/police/2011CleryReport.pdf)

# MORGAN STATE UNIVERSITY

Baltimore MD 21251

## Employment Application

**Instructions:** Please print or write legibly using black ink. Complete application in full. **AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED.** Attach resume, if available. Applicants 14 to 18 years of age must submit a Maryland Work Permit prior to employment.

<b>Position(s) for which you are applying:</b>			<b>Date Available for Work:</b>		
<b>Type of Employment:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> Staff			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
<b>Name:</b>					
Last		First		Middle	
<b>Address:</b>					
Street		Apt. # and/or PO Box		City	State                      Zip Code
<b>In an emergency, notify:</b>					
Name			Address		Telephone
<b>Home Phone:</b>			<b>Cell Phone:</b>		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, VISA Type:		<input type="checkbox"/> Immigrant <input type="checkbox"/> Non-Immigrant	

Alien Registration #

**NOTE:** In order to be hired into the position for which you have applied, you must be a citizen or national of the United States, an alien lawfully admitted for United States permanent residence, or alien authorized under United States Immigration Reform and Control Act of 1986.

<b>Were you ever employed by Morgan State University or another Maryland State agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list dates and department(s) or agencies:	
<b>Do you have any condition which will affect your ability to perform the essential job functions of the position?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
<b>Military Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, served from _____ to _____                      Provide details on separate sheet of paper.	
<b>Have you ever been convicted of a crime (excluding misdemeanor traffic violations)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
This information may be verified (a record of conviction does not necessarily bar employment). If yes, on a separate sheet of paper list date, place, charge, and disposition.	

### EDUCATIONAL BACKGROUND

Education	Name and Address of School	# of Years/Credits Earned	Course Work Major/Minor	Degree/Diploma/Certification Received	Dates Attended
High School or GED					From: To:
College or University					From: To:
Graduate School					From: To:
Vocational/Business School or Other					From: To:

**NOTE:** You may be required to submit copies of diplomas, degrees, licenses, certifications, transcripts, and/or relevant documents. If the doctorate degree has not been earned, give time spent and number of credits received beyond the master's degree.

**EMPLOYMENT HISTORY:** Please describe below all positions you have held beginning with your present or most recent employer. Include service in the Armed Forces and volunteer experience. If unemployed a period exceeding six (6) months, please explain below or on a separate sheet of paper. Use separate sheet to list additional employment background. If ever employed under another name please indicate: \_\_\_\_\_

The University may contact former employers and schools for references. May we contact your present employer at this time?

Yes  No

Comments:

If you need more space, please attach an additional sheet.

Employer: Type of Business:	<u>Dates Employed</u> Beginning:            Month            Year  Ending:                Month            Year	<b>Number of Employees Supervised:</b> <b>Your Duties &amp; Responsibilities:</b>
Address:  Zip Code		
Telephone: (        )		
Your Title:	<u>Hours Per Week</u>  <u>Salary</u> Starting: \$  Ending: \$	
Name & Title of Supervisor:		
Reason for Leaving:		
Employer: Type of Business:	<u>Dates Employed</u> Beginning:            Month            Year  Ending:                Month            Year	<b>Number of Employees Supervised:</b> <b>Your Duties &amp; Responsibilities:</b>
Address:  Zip Code		
Telephone: (        )		
Your Title:	<u>Hours Per Week</u>  <u>Salary</u> Starting: \$  Ending: \$	
Name & Title of Supervisor:		
Reason for Leaving:		
Employer: Type of Business:	<u>Dates Employed</u> Beginning:            Month            Year  Ending:                Month            Year	<b>Number of Employees Supervised:</b> <b>Your Duties &amp; Responsibilities:</b>
Address:  Zip Code		
Telephone: (        )		
Your Title:	<u>Hours Per Week</u>  <u>Salary</u> Starting: \$  Ending: \$	
Name & Title of Supervisor:		
Reason for Leaving:		

If the position(s) you are applying for requires a license (including driver's license), certification, or other authorization to practice a trade or profession, complete the following section.

Type and/or Class	License Number	Expiration Date	Granted By (Board or Commission)	State

**PERSONAL REFERENCES (not former employers or relatives)**

Name & Occupation	Address	Telephone Number

**PROFESSIONAL AWARDS AND DISTINCTIONS RECEIVED (for faculty employment only)**

Please attach a list of affiliations with Professional and Learned Societies (if applicable, offices held). Also, attach a list of publications, papers and other scholarly or creative activities. Please be accurate; evidence may be required for the file.

**READ CAREFULLY:**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed falsified statements, misstatements, and/or omissions from this application, may be considered sufficient cause for dismissal. Persons, hired pursuant to this application, are subject to all applicable personnel practice manuals of the University.

Morgan State University is hereby authorized to make an investigation of my previous employment record. I authorize you to contact my present employer.     Yes             No

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

MD Code Ann. Lab. & Empl. § 3-702(d) (Repl. Vol. 1991 & Supp. 1997)

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

This application will remain active for three months. If you have not been hired during this period, and wish to remain in consideration for employment, you must reapply.

**MORGAN STATE UNIVERSITY**  
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**Baltimore MD 21251**

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**Potential Employee Release Form**

I authorize **Morgan State University** to seek from all of my previous and present schools and employers, and authorize all of my previous and present schools and employers to release to **Morgan State University**, any and all information pertaining to my educational and employment history.

If I am offered employment, I also authorize the disclosure to **Morgan State University** of any medical history that may be necessary to verify information provided as a part of the application process.

I release, promise to hold harmless, and covenant not to sue **Morgan State University** on the basis of its attempts to obtain information from my previous and present schools and employers. I release, promise to hold harmless, and covenant not to use my previous and present schools, employers and health care providers on the basis of the disclosure of information to **Morgan State University**.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

# MORGAN STATE UNIVERSITY

## Demographic Information

In compliance with federal regulations, this University is obliged to maintain records on the race, sex, age, and ethnic origin of all of its applicants. In order to comply with these regulations, Morgan State University is requesting that each applicant provide voluntarily the following information. The information will be detached from your application and will not influence any employment decision. This information is required for government reporting purposes only.

Position(s) Applying For: \_\_\_\_\_

Race/Ethnic Origin (Please check only one):  American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Hispanic Origin  
 Native Hawaiian or Other Pacific Islander  
 White

Veteran Status (Please check only one):  Non-Veteran  
 Vietnam Era Veteran  
 Disabled Vietnam Era Veteran  
 Veteran - Other  
 Disabled Veteran - Other

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**MORGAN STATE UNIVERSITY IS AN EQUAL OPPORTUNITY EMPLOYER  
SEEKING QUALIFIED CANDIDATES REGARDLESS OF RACE,  
COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE, VETERAN STATUS,  
OR PHYSICAL DISABILITY.**