



OFFICE OF HUMAN RESOURCES

Mailing Address

Morgan State University
Office of Human Resources
 1700 E. Cold Spring Lane
 Carter-Grant-Wilson Building, Rm 100
 Baltimore, MD 21251-0001

Contact Information

Phone: (443) 885-3195
Fax: (443) 885-8209

Or e-mail to jobs@morgan.edu

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

In accordance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, Morgan State University has made crime statistics available online at:
http://www.morgan.edu/Documents/ADMINISTRATION/Finance_Mgmt/police/2011CleryReport.pdf

In accordance with the Immigration Reform and Control Act of 1986, applicants should be prepared to present acceptable documentation showing their identity, U.S. citizenship or immigrant status, and their authorization to work in the United States.

MORGAN STATE UNIVERSITY
1700 E. Cold Spring Lane, CGW-100
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 17 years of age must submit a Maryland Work Permit prior to employment.

Position name(s) for which you are applying: _____ Job number(s): _____

Date available for work: _____ Email Address: _____

Type of employment: Administrative Faculty Staff Full-Time Part-Time

Name: _____

Last First Middle

Address: _____

Street Apt. #/or PO Box City State Zip Code

Home Phone: _____ Cell Phone: _____

Emergency Contact:

Name: _____ Address: _____ Phone: _____

U.S. Citizen: Yes No If no, VISA type: Immigrant Non Immigrant Alien Registration #: _____

NOTE: In accordance with the Immigration Reform and Control Act, all applicants are required to furnish proof of identity and legal work authorization prior to being hired.

Were you ever employed by Morgan State University or another Maryland State agency? Yes No

If yes, please list dates and department(s) or agencies:

Are you able to perform the essential functions of the position with or without an accommodation? Yes No

Military Service? Yes No If yes, served from _____ to _____ Provide details on separate sheet of paper

Do you have any relative(s) working for MSU? Yes No

If yes, list the employee name(s) and department in which they work:

EDUCATIONAL BACKGROUND

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

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 for 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:	Yes	No
May we contact your present employer at this time?	Yes	No
Comments:		

If you need more space, please attach an additional sheet. Please do not write "See Resume":

Most Recent Employer

Employer:	Dates Employed	Number of Employees Supervised:
Type of Business:	Start:	Your Duties/Responsibilities:
	Month Year	
Address:	End:	
	Month Year	
Phone:	Hours per week:	
Your Title:		
Name & Title of Supervisor:	Salary/Hourly Wage:	
Reason for Leaving:	Starting: \$ _____	
	Ending: \$ _____	

Next Employer

Employer:	Dates Employed	Number of Employees Supervised:
Type of Business:	Start:	Your Duties/Responsibilities:
	Month Year	
Address:	End:	
	Month Year	
Phone:	Hours per week:	
Your Title:		
Name & Title of Supervisor:	Salary/Hourly Wage:	
Reason for Leaving:	Starting: \$ _____	
	Ending: \$ _____	

Next Employer

Employer:	Dates Employed	Number of Employees Supervised:
Type of Business:	Start:	Your Duties/Responsibilities:
	Month Year	
Address:	End:	
	Month Year	
Phone:	Hours per week:	
Your Title:		
Name & Title of Supervisor:	Salary/Hourly Wage:	
Reason for Leaving:	Starting: \$ _____	
	Ending: \$ _____	

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:

Yes No

Today's Date: _____

Applicant's Signature: _____

By signing this Electronic Acknowledgment form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

MORGAN STATE UNIVERSITY IS AN EQUAL OPPORTUNITY EMPLOYER AND IS COMMITTED TO CREATING AND MAINTAINING AN ENVIRONMENT THAT FOSTERS DIVERSITY AND INCLUSION IN ALL AREAS OF EMPLOYMENT, EDUCATION, AND ACCESS TO ITS EDUCATIONAL PROGRAMS AND ACTIVITIES. MORGAN STATE UNIVERSITY DOES NOT DISCRIMINATE AGAINST ANY PERSON OR GROUP OF PERSONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, SEXUAL ORIENTATION, AGE, MARITAL STATUS, DISABILITY, GENETIC INFORMATION, GENDER IDENTITY, OR ANY OTHER APPLICABLE PROTECTED BASIS UNDER APPLICABLE LAW. INQUIRIES REGARDING THE APPLICATION OF THE UNIVERSITY'S NONDISCRIMINATION POLICY AND/OR TITLE IX SHOULD BE ADDRESSED TO THE UNIVERSITY'S DIRECTOR OF DIVERSITY & EEO/TITLE IX COORDINATOR AT (443) 885-3559 OR EMAIL titleixcoordinator@morgan.edu

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. HOWEVER, THERE ARE PUBLIC SAFETY RELATED POSITIONS THAT ARE EXEMPTED FROM THIS RULE. 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)

Today's Date: _____

Applicant's Signature: _____

By signing this Electronic Acknowledgment form, I agree that my electronic signature is the legally binding equivalent to my handwritten 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

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.

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

By signing this Electronic Acknowledgment form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

Today's 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) ApplyingFor: _____

Race/Ethnicity (Please check all that apply):

- ☐ 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
- ☐ Veteran
- ☐ Vietnam-Era Veteran
- ☐ Vietnam-Era Veteran (Disabled)
- ☐ Disabled Veteran (Other)

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