



Office of Human Resources

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

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.

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

Were you ever employed by Morgan State University or another Maryland State agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list dates and department(s) or agencies:			
Do you have any condition which will affect your ability to perform the essential job functions of the position?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Military Service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, served from		to	Provide details on separate sheet of paper.
Do you have any relative(s) working for MSU?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the employee(s) name and the department in which they work.			
Name:		Department:	

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: _____

<p>The University may contact former employers and schools for references. May we contact your present employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

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

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

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.

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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

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.