Application For Employment
Basic Science Faculty

INSTRUCTIONS: Please complete the information requested information in ink. Fill in all areas as accurately and completely as possible. If you are mailing the application, please return the application and all associated documents to:
Morehouse School of Medicine
Human Resources Department
720 Westview Drive, SW
Atlanta, Georgia 30310-1495

_____
Date of Application

_____

Name: _____ _____ _____ **Social Security #** _____
Last **First** **Middle**

Present Address: _____ _____ _____ _____
Number and Street **City** **State** **Zip Code**

Telephone: _____ _____ _____ _____
Home **Business** **Other** **Email**

Position(s) applying for: _____ in _____
Subject Area **Department**

With the rank of ☐ **Professor** ☐ **Associate Professor** ☐ **Assistant Professor** ☐ **Instructor**

How did you hear about this position? _____

Would you accept: ☐ **Full-time** ☐ **Part-time** ☐ **Either** **If Part-time, what hours?** _____

Are you legally authorized to work in the United States? ☐ **Yes** ☐ **No**

Will you now or in the future require sponsorship for employment visa status (e.g., H1-B visa status) ☐ **Yes** ☐ **No**

Have you been previously employed by the School of Medicine? ☐ **Yes** ☐ **No** **If yes, when?** _____

What was your reason for leaving? _____

If your application is considered favorably, on what date will you be available for work? _____

Have you ever been convicted of a crime or sentenced to prison? (Felony Convictions Only) ☐ **Yes** ☐ **No**

If yes, describe in detail providing dates and disposition:

_____

_____

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non job related medical condition or physical handicap.

EDUCATION AND SKILLS

High School _____ **City & State** _____

Year Graduated or Highest Grade Completed _____

Colleges and Universities Attended	City and State	Years Attended		Major and Minor Subjects	Degree and Year Granted
		From	To		

List any school activities, offices held, scholarships, honors, etc.

_____

_____

_____

Are you a Student? ☐ **Yes** ☐ **No** ☐ **Full-time** ☐ **Part-time**

List any other courses, studies or training:

_____

_____

List any additional skills, vocational training, registrations, etc.

_____

_____

List computer software(s) used:

_____

_____

Do you type? ☐ **Yes** ☐ **No** **WPM** _____ **Shorthand/Speed writing?** ☐ **Yes** ☐ **No** **WPM** _____

List office machine used:

_____

_____

Do you hold a current professional license? (Physician, Teaching, etc.) ☐ **Yes** ☐ **No**

Profession: _____ **State:** _____ **License Number:** _____
Profession: _____ **State:** _____ **License Number:** _____

Has your professional licensure ever been revoked or suspended? ☐ ***Yes** ☐ **No**

Have you ever been disciplined by a licensing board or agency? ☐ ***Yes** ☐ **No**

*If you responded yes to either of the last two questions above, please provide details: _____

_____

_____

EMPLOYMENT RECORD

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

Employer	Supervisor	Your Title and Job Duties	Starting Date	Separation Date
Street Address	Supervisor's Title		Beginning Salary	Ending Salary
City State Zip Code	Phone #	Reason(s) for leaving (state if resigned, discharged, asked to resign, etc.)		

Employer	Supervisor	Your Title and Job Duties	Starting Date	Separation Date
Street Address	Supervisor's Title		Beginning Salary	Ending Salary
City State Zip Code	Phone #	Reason(s) for leaving (state if resigned, discharged, asked to resign, etc.)		

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Employer	Supervisor	Your Title and Job Duties	Starting Date	Separation Date
Street Address	Supervisor's Title		Beginning Salary	Ending Salary
City State Zip Code	Phone #	Reason(s) for leaving (state if resigned, discharged, asked to resign, etc.)		

List other names under which school or employment records are kept:

_____

_____

_____

List other data you feel should be considered in evaluating your qualifications for employment

_____

_____

_____

List any periods of unemployment

From:	**To:**	**Reason:**
From:	**To:**	**Reason:**
From:	**To:**	**Reason:**

May we contact your present employer for a reference? ☐ Yes ☐ No

Have you been fired or resigned in lieu of firing from any position within the last three years? ☐ **Yes** ☐ **No**

If yes, please explain

_____

_____

_____

ADDITIONAL REMARKS

Include any additional statements you may wish to offer for consideration

_____

_____

_____

_____

_____

_____

CERTIFY

I understand that any misrepresentations, false statements, false information, or material omissions made by me on this Application for Employment (or on any accompanying or required related documents) and/or during any interview may result in the exclusion of my application from further consideration or if I am hired, termination of my employment, regardless of when or how discovered.

☐ **I certify that all information provided is true and complete.**

Applicant's Signature _____ Date _____

Human Resources Department

RELEASE OF INFORMATION
(Supplemental to Employment Application)

AN EQUAL OPPORTUNITY EMPLOYER

I hereby give consent and authorization to the Morehouse School of Medicine and/or its designee to obtain any information which is relevant to my application for employment. Any person(s) or organization(s) directed to furnish such information upon request.

The release of information is given with any full knowledge and understanding. With my signature below, I release any person(s) or organization(s) and their employees, agents and officials acting in an official capacity, form liability for complying with this release.

_____ _____

Applicant's Signature Date

MOREHOUSE SCHOOL OF MEDICINE

Affirmative Action Self ID Survey

Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

YOUR COOPERATION IS VOLUNTARY
INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

Please complete the following information. *Please print.*

Last Name:	First Name:
Date:	Job Title/Req Number:

Gender

☐ Male ☐ Female

Ethnicity - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ Yes ☐ No

Race - If you <u>are not</u> Hispanic or Latino, please select the appropriate race category.

☐ White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Two or More Races (Not Hispanic or Latino) - persons who identify with more than one of the above five races.

☐ I respectfully decline completing the information being requested above. _____ *initials*

Disclosure and Written Authorization To Obtain a Consumer Report or Investigative Consumer Report

By this document, Morehouse School of Medicine and Vericon Resources, Inc. disclose to you that they may obtain a consumer report and/or an investigative consumer report for employment purposes as part of a pre-employment background investigation and/or at any time during your employment. "Consumer Reports" may include credit; driving; education; criminal records and other reports from consumer reporting agencies. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights. You will be given a reasonable time in which to dispute any information found in the report if you so choose. See www.consumerfinance.gov/learnmore.
My signature below expressly authorizes Morehouse School of Medicine and any of its related companies and/or Vericon Resources, Inc. and/or any of their authorized agents to obtain consumer reports and/or investigative consumer reports regarding me for employment purposes as part of the pre-employment background investigation and/or at any time during my employment.

Signed: _____ Date: _____

The following is my true and complete legal name, and all information about it and my background is true and correct to the best of my knowledge. I understand that all inquiries on this form are used for identification purposes only in order to conduct a background check that is being conducted for legitimate business reasons, specifically for employment and/or continued employment purposes.
* Responses to sex, age, and race inquiries are voluntary, and choosing not to respond will not preclude hire or promotion.

Last Name, First Name, Middle Name (PLEASE PRINT LEGIBLY)	**Position Applying For**
Applicant's Signature and Date (required) _____ **Date:**_____	**Driver's License Number & State** **Lic #**_____ **State** _____

***Responses to the * questions are optional and voluntary, for Identification only.**

Social Security Number	***Date of Birth**	***Race**	***Sex** ☐ **M** ☐ **F**
Former Names and Time Frames			

Current Address	**City/State/Zip**	**County**	**Dates (Mo/Yr–Mo/Yr)**
Previous Addresses (Past 7 Years)			

If you would like a free copy of the consumer report prepared for you, please call 800-795-3784 and ask for extension 210. If you are applying for employment in the state of California, Minnesota or Oklahoma, would you like a copy of the consumer report prepared for you? (CA Civil Code Section 1786.22) _____ Yes _____No
If you are applying for employment or employed in New York, you will be receiving a copy of Article 23-A via your e-mail, along with a Notice that provides direction should you wish to inquire whether an investigative consumer report was requested. The notice contains the name and address of the appropriate consumer reporting agency.

FOR MOREHOUSE SCHOOL OF MEDICINE OFFICE USE ONLY:

Please complete the following section:

Please Check Services Requested:
☐**Addr Hist w/SSN** ☐ **7 yr comp crim** ☐**Sex Offender** ☐**Fed crim** ☐**Nat'l dbase** ☐**Credit** ☐**MVR** ☐**Drug** ☐**Ed** ☐**Emp**

Other (please list) _____

Contact Name and Phone #	**Cost Code (optional):**	**Date**

Phone: 800/795-3784
Fax: 800/915-1020

VERICON