

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: _____

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
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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

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the Morehouse School of Medicine to make such investigations and inquiries of my employment history and other related matters as may be necessary to arrive at an employment decision. I hereby release employers, schools or persons from any liability in responding to inquiries in connection with my application for employment.

I make this statement to the Morehouse School of Medicine with knowledge that any false or misleading information may be sufficient cause for and may result in dismissal. I understand also that I am required to abide by all rules and regulations of the School of Medicine.

Applicant's Signature _____

Date _____



MOREHOUSE SCHOOL OF MEDICINE

Human Resources

RELEASE OF INFORMATION (Supplemental to Employment Application)

AN EQUAL OPPORTUNITY EMPLOYER

I hereby give my 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) are directed to furnish such information upon request.

This release of information is given with my 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, from any liability for complying with this release.

APPLICANT'S SIGNATURE

DATE

APPLICANT INFORMATION RELEASE

I hereby authorize Morehouse School of Medicine and/or Vericon Resources, Inc. and/or any of their authorized agents to gather information regarding the following: All records including criminal, credit, driving, drug, and/or education; written or verbal information from previous employers; any other pertinent information relating to the function of my job.

I understand that all inquiries on this form are used for identification purposes only in order to conduct a background check, and are asked for legitimate nondiscriminatory reasons. Responses to sex, age, and race inquiries are voluntary, and choosing not to respond will not preclude hire or promotion. I hereby release Morehouse School of Medicine employees, former employees, other references, and Vericon Resources, Inc. and any of its authorized agents from liability, and understand there is no invasion of privacy.

I understand that submission of false information on this or any employment form may result in non-selection or in termination if hired. The following is my complete legal name, and all information is true and correct to the best of my knowledge. This information is used for verification purposes ONLY:

Last Name, First Name, Middle Initial (PLEASE PRINT LEGIBLY)		Position Applying For:	
Applicant's Signature		Driver's License Number & State	
Social Security Number	Responses to the questions in this section are optional and voluntary, for ID Only		
Date of Birth	Race	Sex	M <input type="checkbox"/> F <input type="checkbox"/>
Former Names and Time Frames (if applicable)			
Current Address	City/State	Zip/County	Dates (Mo/Yr.)
Previous Addresses (Past 7 Years)			

FOR MOREHOUSE SCHOOL OF MEDICINE OFFICE USE ONLY:

Please complete the following section:

Please Check Services Requested: Crim <input type="checkbox"/> Credit <input type="checkbox"/> MVR <input type="checkbox"/> Drug <input type="checkbox"/> Educ <input type="checkbox"/> Employ <input type="checkbox"/> Ref <input type="checkbox"/> Other <input type="checkbox"/> (specify on fax) <input type="checkbox"/>		
Contact Name	Phone #	Date

Phone: 770/457-9922
 800/795-3784
 Fax:800/915-1020

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