



EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT <small>Please give an accurate description of all employment (full-time and part-time) start with your present or most recent employer.</small>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>MEMBERSHIP IN PROFESSIONAL, EDUCATIONAL, OR CIVIC ORGANIZATIONS</b> <i>(Exclude those which may disclose your race, color, religion, or national origin)</i>			
<b>MILITARY SERVICE</b>			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

**ACKNOWLEDGEMENT**

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment.

I authorize Morehouse College to investigate my employment history, credentials and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize Morehouse College to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I release Morehouse College and any individual or entity providing information to Morehouse College from all liability for any damages from the disclosure of this information.

I authorize Morehouse College to request, and I also authorize and request each former employer, school attended, and each person, firm, or corporation given as references above to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I also understand and agree that:

- Successful completion of a post conditional offer medical examination or medical screening may be required.
- I may be subject to pre-employment drug testing or a drug test where a reasonable suspicion exists, or where warranted by circumstances or contractual requirements.

I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment contract between Morehouse College and me. I also understand that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, for any reason, by me or by Morehouse College with or without notice and without liability whatsoever, except for unpaid wages or salary earned by the date of termination.

I understand that should I become employed by Morehouse College, my work assignments, schedules, and/or departments are subject to change according to the needs of business.

This application will not be considered without the applicants' signature.

Signature	Date
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**Morehouse College is a Smoke Free and Drug Free Workplace  
(all applicants considered for employment will be subjected to a pre-employment drug tested)**

Morehouse College, The Office of Human Resource, 830 Westview Drive, S.W., Atlanta, GA 30314-3773

## MOREHOUSE COLLEGE VOLUNTARY SELF-IDENTIFICATION FORM

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Position Applied for:		Job Reference #	

The Purpose of this Voluntary Self-Identification form is to comply with government record keeping, reporting and other legal requirements. Periodic Reports are made to the government on the following information. In accordance with the U.S. Department of Education policies for affirmative actions. Employers, college federal funds are required to collect data regarding applications for positions on the campus. This is used to monitor the success of our recruitment efforts. No personally identifiable information provided on the form will be shared with the department or the search committee.

The completion of the data is optional and inclusion or exclusion of any data will not affect employment decisions. Morehouse College is an equal opportunity employer and does not discriminate with regards to race, religion, color, sex, sexual orientation, national origin, age, marital or veteran status, disability or any other legally protected status.

<b>SEX</b>	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>				
<b>ETHNIC ORIGIN</b>	Black/African American <input type="checkbox"/>	Native Hawaiian/ Pacific Islander <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>	Two or More Races <input type="checkbox"/>
<b>OTHER</b>	Vietnam Era Veteran <input type="checkbox"/>	Disable Veteran <input type="checkbox"/>	Handicapped Individual <input type="checkbox"/>	N/A <input type="checkbox"/>		

What special skills or methods enable you to perform jobs that would otherwise be precluded by your disability? What accommodations on the part of the institution would enable you to perform the job?

**I DO NOT WISH TO DISCLOSE THIS INFORMATION AT THIS TIME.**

Signature	Date
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