



Morehead State University Application for Employment

Mission Statement – Office of Human Resources

The Morehead State University Office of Human Resources mission is to provide a full range of personnel services for faculty, staff and external clients. These services shall include recruitment, employment, retention, wage and salary management, benefits administration, staff professional development and policy formulation and revision. Services will be performed with the goal of ensuring that the mutual needs of both the University and its employees are fully considered and met. All of these services are predicated on providing the best possible support for the betterment of Morehead State University, its faculty, staff and students.

[Morehead State University is an Equal Opportunity, Affirmative Action employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply.](#)

Submit completed application to: Office of Human Resources, Morehead State University,
301 Howell-McDowell Admin. Bldg., Morehead, KY 40351
Telephone Number (606) 783-2097
FAX Number (606) 783-5028

MOREHEAD STATE UNIVERSITY

APPLICATION FOR EMPLOYMENT

This is not a contract - offers to hire are contingent upon authorization by the President and approval by the Chief Diversity Officer and Director of Human Resources.

Position for which applying: _____

How did you learn of this job? _____

Name/SS# _____

Last

First

Middle Initial

Social Security #

Mr. Ms. Dr. Rev. Other: _____ MSU I.D. #, if known: _____

If you have educational/employment records under a different name, please indicate the name:

Current Address _____

Street

City

State

Zip

E-mail Address _____

Home Phone # _____ Work Phone # _____ Cell # _____

If you are under age 18, state your age. _____

Do you have any relative(s) on the MSU Board of Regents? Yes No. If yes, list name(s) and relationship(s): _____

STATE LAW [KRS 164.360(2)] PROHIBITS THE EMPLOYMENT OF INDIVIDUALS WHOSE RELATIVE SERVES ON THE MOREHEAD STATE UNIVERSITY BOARD OF REGENTS.

Do you have any relative(s) working at MSU? Yes No. If yes, list name(s) and relationship(s): _____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, MSU will verify the status of every individual offered employment. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Do you have the legal right to work and remain in the United States? Yes No

With regard to employment eligibility, will you require immigration sponsorship of an employment-based visa classification by Morehead State University? Yes No

What type of work are you looking for? Full-Time Part-Time

If part-time, specify days and hours: _____

If you have previously been employed by MSU, when? _____

Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary? Yes No

If no, indicate reason: Need Different Hours Need Different Days Need More Training Need an Accommodation Other (explain) _____

If there is anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you are applying, please explain: _____

Have you ever plead guilty to, or been convicted by a judge or jury, of a felony, or do you have any pending felony charges? Yes No

You must report any felony, even if probation, parole, Alford Plea or pretrial diversion occurred. If you answered "yes" to the above question, please provide the details of each conviction or pending felony conviction below, including DATE (month/year), LOCATION (city, county, state), and NATURE of ALL felony convictions or pending felony convictions. Failure to list ALL felony convictions or pending felony convictions may be considered a falsification of this application and result in: the withdrawal of an offer of employment, restriction on applying for any other positions at the University, and/or termination from current employment with Morehead State University. It is not acceptable to substitute "will discuss in interview" for this information. Although traffic violations and misdemeanors do not have to be listed, please be advised that should you be guilty of these types of offenses and if they are job-related, this may result in the withdrawal of an offer of employment, restriction on applying for any other positions at the University, and/or termination from current employment with Morehead State University.

Nature of Offense(s): _____

When (Month/Year)? _____ Where? _____

Disposition: _____

*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law. For this type of employment, Kentucky state law requires a state and national criminal history background check as a condition of employment. Therefore, your signature on the Disclosure and Consent Concerning Consumer and Investigative Consumer Reports, which is part of this application, is required.

MILITARY SERVICE INFORMATION: Have you ever served in the U.S. Armed Forces?
 Yes No (If "yes," list duties and special training that are relevant to the position for which you are applying. _____

EDUCATION: (Please attach a resume, if requested in job announcement.)

School/College/University 1

Name of School: _____

Address: _____

City

State

Zip

Diploma/Degree: _____

Major: _____ Did you graduate? Yes No

If attending, provide anticipated graduation date: ____/____/____

School/College/University 2

Name of School: _____

Address: _____

City

State

Zip

Diploma/Degree: _____

Major: _____ Did you graduate? Yes No

If attending, provide anticipated graduation date: ____/____/____

School/College/University 3

Name of School: _____

Address: _____

City

State

Zip

Diploma/Degree: _____

Major: _____ Did you graduate? Yes No

If attending, provide anticipated graduation date: ____/____/____

School/College/University 4

Name of School: _____

Address: _____

City

State

Zip

Diploma/Degree: _____

Major: _____ Did you graduate? Yes No

If attending, provide anticipated graduation date: ____/____/____

School/College/University 5

Name of School: _____

Address: _____

City

State

Zip

Diploma/Degree: _____

Major: _____ Did you graduate? Yes No

If attending, provide anticipated graduation date: ____/____/____

School/College/University 6

Name of School: _____

Address: _____
City State Zip

Diploma/Degree: _____

Major: _____ Did you graduate? Yes No

If attending, provide anticipated graduation date: ____/____/____

WORK HISTORY INFORMATION: (Please attach a resume, if requested in the job announcement.) List in order your current or last employer first. Account for your employment history and for any gaps in your employment. Also, describe the work performed.

Employment 1

Date Started: ____/____/____ Date Ended: ____/____/____ Still Employed? Yes No

Name of Employer: _____

Position Title: _____

Duties: _____

Supervisor's Name: _____ Contact Information: _____

May we contact this employer? Yes No If "no," why not? _____

Employment 2

Date Started: ____/____/____ Date Ended: ____/____/____ Still Employed? Yes No

Name of Employer: _____

Position Title: _____

Duties: _____

Supervisor's Name: _____ Contact Information: _____

May we contact this employer? Yes No If "no," why not? _____

Employment 3

Date Started: ____/____/____ Date Ended: ____/____/____ Still Employed? Yes No

Name of Employer: _____

Position Title: _____

Duties: _____

Employment 3 (Duties Continued)

Supervisor's Name: _____ Contact Information: _____

May we contact this employer? Yes No If "no," why not? _____

Employment 4

Date Started: ___/___/___ Date Ended: ___/___/___ Still Employed? Yes No

Name of Employer: _____

Position Title: _____

Duties: _____

Supervisor's Name: _____ Contact Information: _____

May we contact this employer? Yes No If "no," why not? _____

Employment 5

Date Started: ___/___/___ Date Ended: ___/___/___ Still Employed? Yes No

Name of Employer: _____

Position Title: _____

Duties: _____

Supervisor's Name: _____ Contact Information: _____

May we contact this employer? Yes No If "no," why not? _____

Employment 6

Date Started: ___/___/___ Date Ended: ___/___/___ Still Employed? Yes No

Name of Employer: _____

Position Title: _____

Duties: _____

Supervisor's Name: _____ Contact Information: _____

May we contact this employer? Yes No If "no," why not? _____

LICENSES, CERTIFICATIONS & MEMBERSHIPS:

Please list any licenses, certifications, professional memberships, etc. relevant to the position for which you are applying. _____

WORK HISTORY SALARY WAGE INFORMATION:

Last Salary: _____ Per Hour: _____ Per Year: _____

PROFESSIONAL REFERENCES:

Reference 1

Name: _____ Position Title: _____

Contact Phone: _____ Contact E-mail: _____

Reference 2

Name: _____ Position Title: _____

Contact Phone: _____ Contact E-mail: _____

Reference 3

Name: _____ Position Title: _____

Contact Phone: _____ Contact E-mail: _____

CONDITIONS OF EMPLOYMENT:

1. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
2. For this type of employment, Kentucky state law requires a state and national criminal history and background check as a condition of employment. Any employment that begins prior to review of the background check is subject to immediate cancellation if the background check is not satisfactory to the employer. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
3. I also understand that on the first day of my employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility may cause my immediate dismissal.
4. I understand that I may be required to work overtime as a condition of being employed.
5. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and that this application is not a contract of employment with Morehead State University, and that my employment and compensation can be terminated, with or without cause, at any time, at the option of either the University, or me. I understand that no representative of Morehead State University has the authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing unless

it is expressly titled "Employment Agreement" or "Memorandum of Agreement" and signed by both myself and an officer of Morehead State University.

6. I understand, if hired for full-time employment, I must participate in the Direct Deposit Program as a condition of employment.
7. I understand that I may be required to submit to a pre-employment and/or post-employment test for fitness and/or substance abuse, if not prohibited by law and if required for the position for which I am applying or hired.
8. Upon separation from employment, I authorize Morehead State University, to withhold from my final paycheck any monies owed to them by me (if not prohibited by law) for equipment, loans, products, services, materials or other assets in my possession not promptly returned.

First Name: _____ Middle Initial: _____ Last Name: _____

I agree to these conditions? Yes No

Applicant Signature: _____ **Date:** ____/____/____

VOLUNTARY AFFIRMATIVE ACTION SELF-IDENTIFICATION

Morehead State University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. **Completion of information below is voluntary.**

Applicant's Full Name: _____ Date of Birth: _____

Position applying for: _____

1. Do you consider yourself to be *Hispanic/Latino* (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?

Yes No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native* - a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian* - 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.
- Black or African American* - a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander* - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White* - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- I prefer not to answer.

2. Gender: Female Male

3. Citizenship Status: (check appropriate box)

- A Citizen or National of the United States
- A Lawful Permanent Resident (Please enter Alien # _____)
- An Alien Authorized to Work (Please enter date you are authorized to work through and Alien # or Admission # _____)

VOLUNTARY SELF-IDENTIFICATION OF VETERANS

Morehead State University is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “**disabled veteran**” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “**Armed Forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veteran listed above.
- I am not a Protected Veteran or I am not a Veteran.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

A copy of the veterans' affirmative action plan is available in the Office of Human Resources at Morehead State University. You may visit the office for information or contact a human resources representative by phone at (606) 783-2097 between 8:00 a.m. and 4:30 p.m. Monday-Friday or via email at humanresources@moreheadstate.edu.

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Morehead State University is a Federal contractor or subcontractor. We are required by Federal law (Section 503, of the Rehabilitation Act of 1973 as amended) to reach out to, recruit, and provide equal opportunity to qualified people who have disabilities. The federal government requires contractors and subcontractors to invite job applicants, new hires, and employees to tell us whether they have, or have previously had, a disability. We will use this information to measure the effectiveness of our outreach, recruitment, and other employment practices. Because a person who does not now have a disability may become disabled at a later time, we are required to invite our employees to self-identify each year.

Your submission of information is voluntary. Information you provide will be kept confidential in accordance with Federal law, and will not affect our consideration of your job application or subject you to negative treatment of any kind. Employees may self-identify as having a disability on this form without fear of any penalty for not having self-identified as having a disability on a previous form.

What is a Disability?

A person has a disability if he or she has a physical or mental impairment that substantially limits a major life activity or has a history or record of such an impairment or medical condition or is regarded as having such impairment.

Major life activities include, but are not limited to: seeing, hearing, eating, walking, standing, sitting, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and performing manual tasks. Major life activities also include the operation of major bodily functions such as: the immune system, skin, normal cell growth, bowel, bladder, neurological, circulatory, cardiovascular, endocrine, hemic (blood), lymphatic, and reproductive functions.

Please indicate below whether you have a disability:

- Yes, I have a disability (or have previously had a disability)
- No, I don't wish to identify as having a disability.

Reasonable Accommodations

Federal law requires us to provide reasonable accommodation to qualified individuals with disabilities to ensure equal employment opportunity for all. If, because of your disability, you require a reasonable accommodation such as a change to application or work procedures, documents in an alternate format, sign language interpreter, or specialized equipment, please let us know.

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Telephone Number (606) 783-2097
FAX Number (606) 783-5028