

## New Academic Hire Packet

- LL (Adjunct Lecturer)     LE (Full-time Lecturer)     FA (Faculty)     AP

\_\_\_\_\_  
Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
Department Phone

\_\_\_\_\_  
Home Org#

For each employee, the following *original* documents should be sent to Academic HR:

- Application
- Vita
- Original Transcripts for highest degree earned (Unless degree was awarded by EMU)
- Demographic Sheet
- I-9 (Federal law requires that this must be completed within first 3 days of employment)
- Offer Letter
- PAF
- MPSERS Verification
- Online Sexual Harassment Training (EMU requires that this must be completed within first 2 weeks of employment)

*If you have any questions, please contact Academic Human Resources (AHR) at 7-0076.*

*Thank you!*



# Eastern Michigan University Academic Employment Application

I. **Position Applying for:** \_\_\_\_\_

**Department:** \_\_\_\_\_

## II. Eligibility

Please check one (response required):

A citizen or national of the United States

A Lawful Permanent Resident

Alien # A \_\_\_\_\_

Expiration date \_\_/\_\_/\_\_

An alien authorized to work until \_\_/\_\_/\_\_

Type (**Circle One**): H1B, Employment Authorization Card, TN Visa

Alien or Admission # \_\_\_\_\_

Expiration date \_\_/\_\_/\_\_

## III. Personal

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone: ( ) \_\_\_\_\_ Cell/Other Phone: ( ) \_\_\_\_\_

Have you ever been convicted of a felony? (response required) \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever applied to or been employed by this institution? \_\_\_ Yes \_\_\_ No

If previously employed at EMU, indicate position, department, dates of employment, and the name under which you were employed (if different than current name): \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

**IV. Education**

Name/Location of Colleges and Universities Attended	Dates Attended	Degree Attained (or in progress)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**V. Employment History**

Start with most recent employer

\_\_\_\_\_

1. Employer/Location: \_\_\_\_\_

Position Held: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
From To

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

2. Employer/Location: \_\_\_\_\_

Position Held: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
From To

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

3. Employer/Location: \_\_\_\_\_

Position Held: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
From To

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Indicate by name any of the above employers you do not wish us to contact:

Reason: \_\_\_\_\_  
\_\_\_\_\_

## VI. Additional Information

Please list anything else you would like us to consider, such as military experience, professional memberships, volunteer work, etc.

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Is there any reason you cannot perform all of the job functions of the position for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe how, with or without reasonable accommodation(s) you will be able to perform the essential job function(s):

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## VII. References

List names, addresses, and phone numbers of three professional references.

1. \_\_\_\_\_  
Name Phone number

\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Phone number

\_\_\_\_\_  
Address

3. \_\_\_\_\_  
Name Phone number

\_\_\_\_\_  
Address

## **All Applicants Must Read and Sign Below**

I acknowledge that the information I have provided in this application is true to the best of my knowledge. I understand that any hiring decision will be based on this information and if at any time the information provided (in part or in its entirety) is found inaccurate, I may be immediately discharged for that reason alone.

I authorize EMU to investigate my past employment and the information contained herein and release from liability all persons, or employers, supplying such information. I understand that such information may also include a record of disciplinary action assessed me by previous employers, and hereby release such parties from any obligation to notify me of these investigations of my background. I also understand that if hired I will be expected to abide by all policies and procedures outlined by the institution.

I acknowledge that no one has made a promise of employment to me and I understand that if the University makes an offer of employment it will be for an indefinite period of time, terminable at will and without cause by either the employer or myself, unless otherwise provided in a Collective Bargaining Agreement or expressly set forth in writing and approved by the Board of Regents of Eastern Michigan University. I further understand and acknowledge that all terms and conditions of my employment at Eastern Michigan University are set forth in and limited to applicable policies and Collective Bargaining Agreements approved by EMU's Board of Regents, and that any terms and conditions beyond those set forth therein shall not be binding upon Eastern Michigan University unless expressly set forth in writing and approved by the Board of Regents of Eastern Michigan University or its designee(s), who shall be limited to the President of Eastern Michigan University or his/her designee.

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Signature of Applicant

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Date

(This statement must be signed for your application to be considered.)

EASTERN MICHIGAN UNIVERSITY  
IS AN EQUAL OPPORTUNITY EMPLOYER



**HANDICAP/DISABILITY STATUS:**

**Do you wish to identify yourself as a person with a disability as defined by the Americans With Disabilities Act?**       Yes       No

**Is there any reason you cannot perform all of the job functions for which you have been hired?**  
 Yes       No

**If yes, what are the accommodations you are requesting at this time to assist you in performing such functions?**

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**Have you made your supervisor aware of this request?**       Yes       No



# MPSERS Verification

It is important for Eastern Michigan University to verify your previous enrollment as well as determine if you are a current retiree of the Michigan Public School Employees Retirement System (MPSERS). **Please complete the information below if you had previously worked at a Michigan University prior to December 31, 1995.**

1. Have you previously worked at Eastern Michigan University? If so, when and in what capacity?

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- 1a. Were you previously enrolled in a retirement plan at EMU? If so, please list that plan below.

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2. Have you previously worked for any of the following Universities?

Central Michigan University  
Ferris State University  
Lake Superior State University

Michigan Technological University  
Northern Michigan University  
Western Michigan University

If so, when and in what capacity? Were you enrolled in a retirement plan? If so, please list that plan below.

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3. Are you currently a retiree of the Michigan Public School Employees Retirement System (MPSERS)? If so, please provide your retirement number.

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Print Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Signature \_\_\_\_\_

Employee Group \_\_\_\_\_ Date \_\_\_\_\_