



FACULTY MISCONDUCT INQUIRIES CONSENT FORM

Your consent is requested to allow the Johns Hopkins University ("JHU") to inquire into whether, in the last seven years, (1) you have been the subject of a finding of serious misconduct (discrimination, harassment, sexual misconduct, research misconduct or other serious violations of conduct policies) by a prior employer, or (2) you left a prior employer during the pendency of a formal investigation under the employer's applicable processes and/or protocols into allegations of serious misconduct. Please read the information on this form carefully and completely. Failure to provide the consent requested will disqualify you from faculty employment at JHU.

I have applied for employment with the Johns Hopkins University ("JHU") and have provided information about my previous employment during that application process. I authorize JHU to conduct a reference check with my present and/or previous employer(s).

I understand that requested reference information may include, but not be limited to, information about verbal and written inquiries or information about my employment performance, professional demeanor, investigations, and disciplinary history (including any substantiated findings of misconduct), rehire potential, dates of employment, and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to JHU, whether the information is positive or negative.

I knowingly and voluntarily release all former and current employers, references, and JHU from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with JHU.

I acknowledge that formal execution of an offer of employment and faculty appointment will not be completed until JHU can assess information received from my prior employers and make a determination of its effect.

A signed copy of this form may be photocopied, scanned or reproduced as a facsimile or PDF, and these copies will be as effective as a release or consent as the original which I sign.

Name: (please print): _____

Signature: _____ Date: _____

Phone: _____

Email Address: _____

FORMER/CURRENT EMPLOYER CONTACT INFORMATION

Name/Institution: _____

Phone: _____

Email Address: _____

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