

Florida State University

Equal Employment Opportunity Survey For Faculty Applicants

Position Information

Job Title:	<input type="text"/>	Department:	<input type="text"/>
Position Number:	<input type="text"/>	Dept. #:	<input type="text"/>
Posting Date:	<input type="text"/>		

Applicants are considered for employment without regard to race, creed, color, sex, religion, national origin, age, disability, veterans' status, marital status, sexual orientation, gender identity, gender expression, or any other legally protected group status.

In order to meet the University's obligations as a federal contractor, we request that you complete the following information. This information will only be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions.

Completion of this information is voluntary and will not affect your employment opportunities with the University. The information is confidential and will be kept separate from your other applicant information. Please enter your equal employment opportunity information below.

Applicant Information

First Name:	_____	Last Name:	_____
Sex:	<input type="checkbox"/> Male		
	<input type="checkbox"/> Female		
	<input type="checkbox"/> I decline to self-identify		
Race/Ethnicity:	Are you Hispanic/Latino?	Select all that apply:	
	<input type="checkbox"/> Yes	<input type="checkbox"/>	American Indian or Alaskan Native
	<input type="checkbox"/> No	<input type="checkbox"/>	Asian
	<input type="checkbox"/> I decline to self-identify	<input type="checkbox"/>	Black or African American
		<input type="checkbox"/>	Native Hawaiian or Pacific Islander
		<input type="checkbox"/>	White
		<input type="checkbox"/>	I decline to self-identify

Veteran Status:

Disabled Veteran - 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.

If you are a disabled veteran and would like to request a reasonable accommodation for the hiring or selection process, please contact the Office of Equal Opportunity and Compliance at (850) 645-6519 or EOC@admin.fsu.edu.

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Armed Forces Service Medal Veteran – 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 (61 FR 1209).

Active Duty Wartime or Campaign Badge Veteran – 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.

Recently Separated Veteran – A 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.

Protected Veteran Status Identification:

Are you a protected veteran?

- Yes, I am a protected veteran
- No, I am not a protected veteran, but I am a veteran that does not fall into a protected veteran category
- No, I am not a veteran
- I decline to self-identify

Voluntary Self-Identification of Disability:

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

Blindness	Autism	Bipolar disorder
Post-traumatic stress disorder (PTSD)	Obsessive compulsive disorder	Impairments requiring the use of a wheelchair
Major depression	Deafness	Cancer
HIV/AIDS	Multiple sclerosis (MS)	Cerebral palsy
Diabetes	Schizophrenia	Muscular dystrophy
Intellectual disability (previously called mental retardation)	Epilepsy	Missing limbs or partially missing limbs

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Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DO NOT HAVE A DISABILITY
- I DO NOT WISH TO ANSWER

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

If you would like to request a reasonable accommodation please contact the Office of Equal Opportunity and Compliance at (850) 645-6519 or EOC@admin.fsu.edu.

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

I certify that I understand Florida State University's purpose in obtaining the above information and further certify that my responses are voluntary.

Signature:

Date:

Return To:

Office of Human Resources
Equal Opportunity and Compliance
A6200 University Center
P.O. Box 3062410
Tallahassee, FL 32306-2410