

Courtesy Appointment Worksheet

Employee ID: _____ Applicant ID: _____
Prefix: _____ *First: _____ Middle: _____
*Last: _____ Suffix: _____
*Gender: _____ *D.O.B.: _____ Marital Status: _____
*Citizenship: _____ Country: _____
National ID/SSN: _____

Address Information:

(Home Address should be a foreign address for NRA employees)

*Home Address: _____

*City: _____ *State: _____ *Postal: _____

*County: _____ *Country: _____

Check here if Mailing Address is the same as Home Address

Mailing Address: _____

City: _____ State: _____ Postal: _____

County: _____ Country: _____

*FS119

Exemption

*If yes, attach the
Exemption per
FS119 form.*

Contact Information:

*Home Phone: _____ Campus Phone: _____ Cell Phone: _____

FSU Text Alert: _____ Fax Number: _____

*Email Address: _____

Emergency Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Postal: _____

Country: _____ Home Phone: _____ Campus Phone: _____

Cell Phone: _____ Fax: _____ Relationship: _____

Relatives Employed at FSU:

Name: _____ Relationship: _____ Department: _____

Name: _____ Relationship: _____ Department: _____

Education Information:

*Highest Education Level: _____ Full Time Student? Yes No *Degrees Conferred:*

Degree Earned: _____	Major Course of Study: _____
Institution: _____	Date Conferred: _____
Degree Earned: _____	Major Course of Study: _____
Institution: _____	Date Conferred: _____

*Are you involved in classroom teaching? Yes No

*If yes, are you competent in the spoken English language? Yes No

Equal Employment Opportunity Solicitation:

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.

Voluntary Self-Identification of Ethnicity/Race:

Do you consider yourself Hispanic/Latino?

Yes No I decline to Self-Identify

Please select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- I decline to Self-Identify

Voluntary Self-Identification of Protected Veteran:

I am a protected veteran. (Select all that apply)

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 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.)

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. Discharge Date: _____

I am not a protected veteran, but I am a veteran

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

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T 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 duties. 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) 645-1458 or EOC@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 less than 5 minutes to complete.

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

Employee Signature:

Print Name

Signature

Date