

THE UNIVERSITY OF TENNESSEE EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION FORM

The University of Tennessee Knoxville area units are committed to equal employment opportunity and affirmative action. The University of Tennessee is required by the U.S. Department of Labor to request and maintain the following data on all applicants for employment with the University. This information will be used for statistical summaries of employment practices, and to monitor the University's compliance with equal employment opportunity and affirmative action requirements. Your voluntary return of this form in the enclosed postage-paid envelope is encouraged.

TO BE COMPLETED BY APPLICANT:

Applicants, please return to the address listed at the bottom of this form.

HIRING DEPARTMENT OR OFFICE: Department Name

SPECIFIC POSITION APPLIED FOR: Position

NAME OF APPLICANT: _____

GENDER: Male Female Decline to Answer

ETHNICITY: Hispanic or Latino Not Hispanic or Latino Decline to Answer

RACE: American Indian/Alaskan Native Caucasian Black/African American

Native Hawaiian/Pacific Islander Asian Other/two or more

Decline to Answer

VETERAN STATUS: (Check only if applicable)

DISABILITY STATUS: (Check only if applicable)
(see next page)

Non Veteran
(February 28, 1961 - May 7, 1975)

Yes I have a disability (or previously had a disability)

Vietnam Era Veteran

No I don't have a disability

Disabled Veteran

Decline to answer

Special Disable Veteran

Other Protected Veteran

(please choose one of the following options)

If War, Campaign, or Expedition not listed above, please add here: _____

Newly Separated Veterans If checked, enter discharge date: _____

SOURCE OF POSITION INFORMATION:

From what source did you learn of this position? _____

If by advertisement, please name publication. _____

For Office Use:

Hiring Department/Office: Department Name

AA File Number: XX-XX/XX-XX

Job Title: Assistant Professor

Position Number: XXXXXXXX

Return to:

The Office of Equity and Diversity

1840 Melrose Avenue, The University of Tennessee, Knoxville, TN 37996-3560

Telephone: (865) 974-2498; Fax: (865) 974-0943

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. 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 may include, but are not limited to:

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

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.

Section 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.