THE UNIVERSITY OF TENNESSEE
EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION FORM

The University of Tennessee Health Science Center is 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 completion and return of this form is encouraged.

TO BE COMPLETED BY APPLICANT:

The electronic form may also be filled out online at www.uthsc.edu/oed/eeoc.php OR http://uthsc.edu/hr/employment/job-list-faculty.php.

HIRING DEPARTMENT OR OFFICE: ____________________________________________

SPECIFIC POSITION APPLIED FOR: __________________________________________

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) (see next page)

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

☐ Vietnam Era Veteran

☐ Disabled Veteran

☐ Special Disabled Veteran

☐ Other Protected Veteran

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

(please choose one of the following options)

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

☐ No I do not have a disability.

☐ Decline to answer.

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

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: __________________________
AA File Number: __________________________
Job Title: __________________________
Position Number: __________________________

Return to:
The Office of Equity and Diversity
910 Madison, Suite 826, UT Health Science Center, Memphis, TN 38163
Telephone: (901) 448-2112; T.D.D.: (901) 448-7382; Fax: (901) 448-1120

03/2014
Veterans Status

**Disabled Veterans** – A veteran who: (a) 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 (b) was discharged or released from active duty because of a service-connected disability.

**Special Disabled Veterans** – (A) A person 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 Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of Title 38, U.S.C. to have a serious employment handicap, or (B) a person who was discharged or released from active duty because of a service-connected disability.

**Vietnam Era Veterans** – person who: (A) served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in any other location.

**Other Protected Veterans** – 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. For further explanation - [http://www.opm.gov/veterans/html/vgmedal2.asp](http://www.opm.gov/veterans/html/vgmedal2.asp).

**Newly separated from active duty within the preceding 12 months** – A veteran, who served on active duty in the U.S. military, ground, naval or air service, during the one-year period beginning on the date of such veteran’s discharge or release from active duty.

**Newly separated from active duty within the preceding 36 months** – A veteran, who served on active duty in the U.S. military, ground, naval or air service, during the three-year period beginning on the date of such veteran’s discharge or release from active duty.

**Armed Forces Service Medal Veterans** – 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 Fed. Reg. 1209).

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.