



Equal Employment Identification Form

Non-Discrimination/Equal Employment Opportunity Statement

The Ohio State University is committed to non-discrimination, equal employment opportunity and affirmative action. This commitment is both a matter of law and moral imperative consistent with an intellectual community in which individual differences and diversity are celebrated. Accordingly, discrimination against any individual for reasons of race, color, creed, religion, sexual orientation, national origin, sex, age, disability or veteran status is specifically prohibited. Title IX of the Education Amendments of 1972 prohibits sex discrimination. Title I and Title II of the Americans with Disabilities Act (ADA) of 1990 provides equal employment opportunities and reasonable accommodation, and Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in education programs and activities. Equal access to employment opportunities, admission, educational programs and all other University activities is extended to all persons.

The Ohio State University is an affirmative action/equal opportunity employer. As a matter of University policy as well as Executive Order 11246, as amended, and other applicable laws, we are required to request the following information from applicants. The information is kept confidential, and is used to fulfill reporting requirements. This form also serves as a method for veteran self-identification for the purpose of affirmative action.

APPLICANT INSTRUCTIONS

- Please complete questions on this two-page (or two-sided) form. Type or print clearly in ink.
- Submit the completed form: 1) with your initial employment application, 2) in the provided reply envelope, or 3) via mail to Office of Human Resources, 1590 North High Street, Suite 300, Columbus, OH 43201. You need only submit this form one time, even if you are applying for more than one position.
- Providing this information is voluntary. Data collected will be handled confidentially to the extent allowed by law. Disclosure of this information will not result in any adverse employment action.
- If you wish to request this form in an alternate format, contact the Americans with Disabilities Act Coordinator at (614) 292-6207 or (614) 688-8605 (TTY), or e-mail ADA-OSU@osu.edu.

Applicant Information

Name: _____ Gender: Male Female
last first middle

Date of Birth: _____

Race/Ethnicity (select one):

- White, Non-Hispanic** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black** A person having origins in any of the Black racial groups of Africa.
- Hispanic origin, any race** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or Origin, regardless of race.
- Asian or Pacific Islander** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian, Eskimo or Aleut** A person having origins in any of the original peoples of North America, and who maintains identification through tribal affiliation or community recognition.

Veteran Status

As a government contractor, the Ohio State University is subject to Section 402 of the Vietnam-era Veterans Readjustment Assistance Act of 1974, the Veterans Employment Opportunities Act of 1998, and the Veterans Benefits and Health Care Improvement Act of 2000, and is required to take affirmative action to employ and advance veterans. If you are a veteran who does not fit the definition of any of the categories listed below, you may skip this section of the form. If applicable, you may select more than one category.

- Yes No **Are you a Vietnam-era veteran?**
A person who served on active duty for a period of more than 180 days and was discharged with other than a dishonorable discharge and 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 anywhere in the world.
- Yes No **Have you been determined to be a special disabled veteran?**
A person entitled to disability compensation by the Veterans Administration for a disability rated at 30% or more, or a person discharged for a disability incurred in the line of duty during any era.
- Yes No **Are you a campaign badge holder?**
A campaign badge holder is classified by the Veteran Employment Opportunities Act of 1998 as one who participated in a war, campaign, or expedition, and was awarded a campaign badge for that period of service. For a complete list of campaigns, see <http://www.opm.gov/veterans/html/vgmedal2.htm>
- Yes No **Are you a recently separated veteran? Date discharged** ____/____/____
Any veteran who served on active duty in the US 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.

If you checked one of the boxes above, you may *voluntarily* self-identify for consideration under the university's affirmative action programs, by checking "Yes" to the question below, and providing a copy of your DD Form 214 (Certificate of Release from Active Duty) or proof of VA disability. Information provided will be used only in accordance with the Act and will not go forward to an employing department unless an applicant has self-identified below as a veteran.

- Yes, I would like to self-identify as a veteran** for reporting purposes and for the university's Affirmative Action program and have identified my veteran status above and provided a copy of my DD Form 214 (Certificate of Release from Active Duty) or proof of VA disability with this form.
- No, I do not wish to self-identify as a veteran** for the university's Affirmative Action program, but authorize my veteran status to be used for reporting purposes only.

What prompted you to apply to The Ohio State University (select all that apply)?

- Advertisement **Publication Name:** _____
- Job fair or event **Date/location:** _____
- OSU employee
- OSU job postings (UPP) on web
- Other web site **Web site:** _____
- Other **Describe:** _____

Applicant Signature

Date

INSTRUCTIONS TO UNIVERSITY DEPARTMENTS WHO DIRECTLY RECEIVE APPLICATIONS/RESUMES

Departments who receive applicant materials directly from an individual (not referred through one of the University employment offices) will provide this form and the appropriate reply envelope to the person. **It is critical for the department to complete the following information on the form prior to providing it to the individual.** Forms returned without a posting reference number cannot be used for affirmative action statistical purposes.

Posting number: _____ Title: _____

Department name: _____