

**TEXAS A&M UNIVERSITY EQUAL EMPLOYMENT OPPORTUNITY
 APPLICANT SELF-IDENTIFICATION INFORMATION
 FACULTY-EQUIVALENT POSITIONS**

THIS BOX SHOULD BE COMPLETED BY THE DEPARTMENT BEFORE MAILING TO APPLICANTS.

Department with vacancy NOV

Title of Position Applied For:

Postdoctoral Research Associate Assistant Research Scientist Associate Research Scientist Research Scientist

TO THE APPLICANT: Texas A&M University (TAMU) is required by Federal law to request and maintain aggregated data regarding the racial/ethnic, sex, and veteran status of applicants for employment. This data provides TAMU and the federal government with information necessary to monitor the university's compliance with affirmative action requirements. This information will not be considered as part of the application for employment and will, except where indicated, be separated from your application materials. Your response is voluntary.

Last Name <input type="text"/>	First Name <input type="text"/>	Middle Initial <input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Phone No. <input type="text"/>

HISPANIC or LATINO. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. If you select this category, you will be identified as Hispanic or Latino for federal and state reporting purposes even if you also select one of the races below.

WHITE (Not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa or Middle East.

BLACK (Not of Hispanic origin). All persons having origins in any of the black racial groups in Africa.

ASIAN (Not of Hispanic origin). All persons having origins in any of the original peoples of the Far East, Indian Subcontinent, or Southeast Asia. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander (Not of Hispanic origin). A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

AMERICAN INDIAN or ALASKAN NATIVE (Not of Hispanic origin). All persons having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.

I choose not to answer.

***VETERAN.** I served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law and was discharged with other than a dishonorable discharge or was discharged for an established service-connected disability, and I am competent.

***SURVIVING SPOUSE OF A VETERAN.** I am a surviving spouse, who has not remarried, of a veteran killed while on active duty who served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and I am competent.

***ORPHAN OF A VETERAN.** I am a child of a veteran killed while on active duty who served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and I am competent.

***FOSTER CHILD.** I am 25 years of age or younger and was under the permanent managing conservatorship of the Texas Department of Family and Protective Services on the day preceding my 18th birthday.

NONE OF THE ABOVE. I have read the above definitions and none of them apply to me.

I choose not to answer.

***If selected, this information will be shared with the hiring manager for preference where applicable.**

Date _____ Signature _____

Please send the completed form to the Division of Research by email to ResearchStaffing@tamu.edu or by fax to 979-845-1345.

VOLUNTARY SELF-IDENTIFICATION OF VETERAN STATUS

The Texas A&M System and system members are Government contractors subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

(1) A "disabled veteran" is one of the following:

a) A veteran of the U.S. military, ground, naval or air force 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

b) A Person who was discharged or released from active duty because of a service-connected disability.

(2) A "recently separated veteran" means any 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. A "recently" separated veteran" means any 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.

(3) An "active duty wartime or campaign badge veterans" means 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.

(4) An "Armed Forces service medal veteran" means 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 12085.

If you believe you are a member of any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

This information will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS STATUS LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Date

Printed Name

Signature

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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

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)
- 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 missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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

Your Name

Today's Date

Please send the completed form to the Division of Research by email to ResearchStaffing@tamu.edu or by fax 979-845-1345

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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.

ⁱSection 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.