VOLUNTARY SELF IDENTIFICATION

Ball State University is an Equal Opportunity/Affirmative Action employer and complies with all federal and state employment regulations. Employees are treated during employment and qualified applicants are considered for employment without regard to race, religion, color, sex, age, national origin or ancestry, genetic information, sexual orientation, gender identity and expression, disability or status as a protected veteran. Ball State University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations.

In order to comply with these laws, Ball State University invites you to voluntarily self-identify your race, ethnicity, gender and status as a protected veteran and as a disabled individual. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported to said entities, data will not identify any specific individual.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

This survey will take approximately 7 minutes to read and complete.

First Name: _____ Last Name: _____

Title of Position for which you are applying: _____ Job # (if known): _____

Name of the department: _____

Gender: □ Male □ Female □ I do not wish to disclose.

Race/ethnicity: Please mark the one box that describes the race/ethnicity category with which you primarily identify.

□ **Hispanic or Latino**: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

□ **White** (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

□ **Black or African American** (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

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

□ **Asian** (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

□ **American Indian or Alaska Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

□ **Two or More Races** (Not Hispanic or Latino): a person who primarily identifies with two or more of the above race/ethnicity categories. I do not wish to disclose.

VOLUNTARY SELF IDENTIFICATION Interested Party/Applicant

Certain military veterans qualify for protected veteran status under Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"). To ensure that Ball State University is in compliance with its affirmative action obligations and the relevant portions of VEVRAA, federal regulations require the University to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. This report is to further the purpose of aiding in the University's recruitment and hiring efforts related to protected veterans, and to evaluate the University's compliance efforts by proactively identifying and correcting any deficiencies in the University's hiring practices.

"Protected veteran" categories are identified in VEVRAA. This statute 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. VEVRAA defines these classifications 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.

(3) An "active duty wartime or campaign badge veteran" 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 12985.

Please indicate your veteran status:

□ I belong to one or more of the classifications of Protected Veterans listed above.

□ I am NOT a protected veteran.

□ I am a veteran; however I do not identify with the categories listed above.

□ I do not wish to disclose. (Your status will be recorded as "Not a protected veteran" for recordkeeping purposes.)

How did you hear about this open position?

□ Ball State web page □ Ball State University Job Line

□ Newspaper or other printed classified Name of publication: _____

□ Online advertising site Name of online site: _____

□ Friend or relative □ Other _____

Voluntary Self-Identification of Disability

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____ Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability

☐ I Don't Wish To Answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____