

****WHEN COMPLETING ONLINE: PLEASE
PRINT ON YELLOW PAPER****

**THE COLLEGE AT BROCKPORT
HUMAN RESOURCE MANAGEMENT SYSTEM INFORMATION**

Reason: <input type="checkbox"/> New <input type="checkbox"/> Update	Last 4 digits of SSN			DATE OF HIRE	
LEGAL NAME: As it appears on Social Security card	First	Middle	Last	Suffix	
CHOSEN NAME: As you would like it to appear in the online directory	First	Middle	Last	Suffix	
BIRTHDATE		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female			
U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No		PERMANENT RESIDENT <input type="checkbox"/> Y <input type="checkbox"/> N			
COUNTRY OF BIRTH					
IF NON - U.S. CITIZEN complete below					
Country of Citizenship		Visa Type & Status		Work Authorization Expiration Date:	
		Visa Start Date: Visa End Date:			

EDUCATION LEVEL

- Associate's Degree
- Bachelor's Degree
- Doctoral Degree
- High School Graduate or GED
- High School, some additional training
- Less than High School
- Master's Degree
- Professional Degree
- Some Graduate Work
- Technical School

EXEMPT VOLUNTEER FIREPERSON

- Yes No

Please complete both the ethnicity and race sections

ETHNICITY

HISPANIC

- Yes
- No
- I do not wish to disclose

RACE *select all that apply*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian and other Pacific Islanders
- White
- I do not wish to disclose

MILITARY STATUS

- Active Military Duty
- National Guard Active
- Active Reserve
- Spouse of 100% Disabled Veteran
- None

HOME ADDRESS				Telephone:	
				Home:	
Street				Cell:	
	City	State	Zip		

CAMPUS ADDRESS

Building

Room

Department

Campus Telephone:

(585)

Ext.

EMERGENCY CONTACTS – must list at least 1 contact

Primary Contact	Secondary Contact
Name:	Name:
Relationship:	Relationship:
Phone Numbers (required): Home:	Phone Numbers (required) Home:
Cell:	Cell:
Work:	Work:
Address:	Address:

PRIOR SERVICE WITH THE STATE OF NEW YORK OR SUNY

1. Agency or College:	City, State:
Date of Separation:	Title:
2. Agency or College:	City, State:
Date of Separation:	Title:

EDUCATION DEGREES RECEIVED - PLEASE COMPLETE ALL APPROPRIATE INFORMATION

Full Name of Degree (e.g. Bachelor of Science, Master of Education, Doctor of Education)	Initial of Degree (i.e. BS, MLS)	Major	Received =R In Progress =I	Year Received	Name and Location of School (Include City, State and Country)
			<input type="checkbox"/> R <input type="checkbox"/> I		
			<input type="checkbox"/> R <input type="checkbox"/> I		
			<input type="checkbox"/> R <input type="checkbox"/> I		
			<input type="checkbox"/> R <input type="checkbox"/> I		
			<input type="checkbox"/> R <input type="checkbox"/> I		

Indicate which degree you wish to have reported as your highest:

TRAINING/SKILL/CERTIFICATION

If you would like to add additional, please feel free to attach an additional page.

Type: Date Issued: Specialization: Issued by:

Expiration Date: Re-Certification Date:

Signature:

Date:

Self-Identification of Disability Form

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.

¹ 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.

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.



Invitation to Self-Identify for Veterans

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to current employees, new hires and applicants, and 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:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service 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
 - a person who was discharged or released from active duty because of a service-connected disability.
- 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.
- 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.
- 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](#).

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be re-employed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll- free, at 1-866-4-USA-DOL.

To help us measure how well we are doing, we are asking you to tell us if you are an individual as defined above. 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.

APPLICANT

If you believe you belong to 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 in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

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

I AM NOT A PROTECTED VETERAN



NEW HIRE/CURRENT EMPLOYEE

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 based on your circumstances at this time, regardless of whether you identified as having a disability earlier.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN DATE SEPARATED FROM MILITARY SERVICE: _____

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

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

I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit 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.

Your Name (Print legibly)

Today's Date (Month/Day/Year)

