

Instructions:

Please fill out this form and return it to the Office for Equal Opportunity (postage prepaid). This information is kept confidential and is not used in making decisions regarding offers of employment. The data helps the university to comply with federal law and to monitor the composition of the workforce. Completing this form is optional.

EEOC Race/Ethnic Identification Categories:

Hispanic or Latino

A person of Cuban, Mexican, 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)

All persons who identify with more than one of the above five races.

Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Veteran of the Vietnam-Era

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

Special Disabled Veteran

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

Other Protected Veteran

Includes any veteran who served on active duty in the U.S. military, ground, navel or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Return by Postal Mail:

- ✓ Print out the completed form and place document in a sealed envelope.
- ✓ Print out the pre-paid postage (page 3).
- ✓ Tape or glue the prepaid postage to the front of the envelope.

Return by E-mail:

- ✓ In the subject line of the e-mail, indicate the department which the form originated, as well as your last name and first name.

For example: HUMAN RESOURCES – Smith, John

- ✓ Forms should be sent to equal-employment@sjsu.edu.



SAN JOSÉ STATE
UNIVERSITY

HUMAN RESOURCES

APPLICANT INFORMATION FOR ACADEMIC VACANCIES

Office for Equal Opportunity
408-924-2250



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 239 SAN JOSE, CA

POSTAGE WILL BE PAID BY ADDRESSEE

OFFICE OF EQUAL OPPORTUNITY (0046)
SAN JOSE STATE UNIVERSITY
ONE WASHINGTON SQUARE
SAN JOSE, CA 95112-9958



I. General Applicant Information

Name: _____ Date: _____

Position applied for: _____

II. Race or Ethnicity Identity

- | | |
|--|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> I do not wish to Self-Identify |

III. Gender

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> I do not wish to Self-Identify |
| <input type="checkbox"/> Female | |

IV. Veteran Status

- | | |
|---|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Recently Separated Veteran |
| <input type="checkbox"/> Special Disabled Veteran | <input type="checkbox"/> Armed Forces Service Medal Veteran |
| <input type="checkbox"/> Other Protected Veteran | <input type="checkbox"/> I do not wish to Self-Identify |

V. Other

- Individual with Disabilities
 I do not wish to Self-Identify

VI. How did you hear of our opening?

- | | |
|---|---|
| <input type="checkbox"/> Current Employee | <input type="checkbox"/> Recruiter |
| <input type="checkbox"/> Special Disabled Veteran | <input type="checkbox"/> Other – Explain: _____ |

Thank you for completing and returning this form.
Please fold form in half and close with tape or staples. Postage is prepaid.

Recruiting Department: Please complete the information below. Detach this section of the form and return it to the Office for Equal Opportunity, Extended Zip 0046, before sending the rest of the form to the applicant.

Department: _____	Job ID: _____
Recruiting Closing Date: _____	Date Applicant Information Sent: _____
Signature: _____	Phone: _____