

FINDLAY

THE UNIVERSITY OF FINDLAY

Thank you for your interest in a posted faculty position at The University of Findlay.

To be considered for this position, the following documents are required:

1. Letter of Application (*for the position(s) you wish to apply to, please include position title & requisition number in your letter*)
2. Curriculum Vitae
3. Statement of Teaching Philosophy
4. Recruitment Source, Equal Employment Identification, Veteran's Self-Identification Form, Voluntary Self-Identification of Disability (attached)
5. Any Additional Documentation Required (if applicable, this information will be noted in the last paragraph on the position posting (see [Open Positions](#) list)

*Any data considered **confidential** will NOT be included in the file passed on to the hiring committee. This includes, but is not limited to, Social Security Number, Birthdate, Marital Status, Headshot Photograph, Gender, Race, Disability/Veteran's Status.*

Please note: *We store and disseminate your file electronically whether we receive it via email, standard mail, or fax. Page 6 has options to help you save these documents to your computer or print these documents to your printer.*

The University of Findlay
1000 N. Main St.
Findlay, OH 45840
HR@findlay.edu
419-434-6964
419-434-5976 fax

Windows Users: To complete this application, we recommend you first save this file to your computer, then open the saved file with Adobe Acrobat Reader DC (a free download at <https://get.adobe.com/reader/>) to enter your information.

Mac Users: If you fill out the application in Preview, remember to choose Print from the File menu and then use the dialog box's PDF option to save it as a PDF.

Required Information:

First & Last Name

Position(s) for which you are applying

Date of Application
mm/dd/yyyy

Voluntary Information:

Gender:

Male Female

Ethnicity (select one):

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 option no additional choices are necessary*).

Not Hispanic or Latino

Race (select as many as apply):

American Indian or Alaska Native — A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community

Asian - 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.

Black or African American — A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander — A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I don't wish to answer.

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.

The University of Findlay is committed to non-discrimination, equal employment opportunity, and affirmative action. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation or identity, national origin, disability status or protected veteran status.

Veteran's Self-Identification Form

Required Information:

First & Last Name

Position(s) for which you are applying

Date of Application
mm/dd/yyyy

Voluntary Information:

The University of Findlay is a Government contractor 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:

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.

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.

Please select one of the boxes below:

I identify as one or more of the classifications of protected veteran listed above.

I am not a protected veteran.

I don't wish to answer.

Voluntary Self-Identification of Disability

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

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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.

ⁱ 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.