RESEARCH FOUNDATION CUNY

RESEARCH FOUNDATION
of The City University of New York
230 West 41st Street
New York, NY 10036-7207

VOLUNTARY SELF-IDENTIFICATION

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. This information is requested solely to meet record-keeping and affirmative action requirements under Executive Order 11246, as amended, Section 4202 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act.

This information will not become part of your employment application or, if applicable, your personnel file. When reported, data will not identify any specific individual and will be kept separate from all other personnel records.

If you choose not to self-identify your race/ethnicity, the federal government requires the Research Foundation to determine this information by visual survey and/or other available information.

Gender ☐ Male ☐ Female ☐ Nonbinary

Ethnic Group

☐ (H) Hispanic or Latino a person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

☐ Not Hispanic or Latino

If your answer was Not Hispanic or Latino, please indicate your Race.

☐ (W) White (not Hispanic or Latino) a person having origins in the original peoples of Europe, North Africa, or Middle East.

☐ (B) Black or African American (not Hispanic or Latino) a person having origins in any of the Black racial groups of Africa.

☐ (A) 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.

☐ (P) Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ (N) American Indian or Alaskan Native (not Hispanic or Latino) a person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.

☐ (T) Two or More Races (not Hispanic or Latino)

Veteran Status
Check if any of the following are applicable.

☐ Vietnam Era Veteran: One who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was released discharged or released there from with other than a dishonorable discharge; or (2) was discharged or released from active duty for a service-connected disability if any part of which occurred between August 5, 1964, and May 7, 1975.

☐ Special Disabled Veteran A veteran who is entitled to compensation (or who but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the Secretary of Defense, or was discharged or released from active duty because of a service-connected disability.

☐ Other Protected Veteran: A veteran who served on active duty during a war, campaign or expedition for which a campaign badge has been authorized.

☐ Newly Separated Veteran Any veteran who was discharged or released from active duty within the past 3 years.

☐ I choose not to self-identify.

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY - FORM CC-305

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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder (OCD)
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

Name _____ Date _____

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.

OMB Control Number 1250-0005

[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.