

Name	Home Phone
Address	Cell Phone
City	State
Zip code	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Haitian-Creole <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Russian	
RIT Department	

**Emergency Contact Information**

Name	Relationship	Phone
Name	Relationship	Phone

**Education**

Highest Degree Attained	School Name	Degree Date
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**Voluntary Self Identification Information:** All federal government contractors with 50 or more employees are required to solicit the gender, race, and ethnicity of applicants. **This self-identification is voluntary;** and there never has been, nor will there be, any adverse action taken against you if you choose not disclose this information. This information will not be kept in your personnel file. It will be maintained in the Human Resources employee database solely for use in required government reporting or other business purposes. If you chose not to report this data, please select the opt out option below.

**Gender-Select One**

Male  Female

**Ethnicity-Select one in this section**

**Hispanic or Latino** *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race*

**Non Hispanic or Latino**

**Race** Regardless of your answer to the ethnicity question above, you may **select one or more of the following race categories** that apply to you.

**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 attachment.*

**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 do not want to disclose my EEO information.**

**Veteran Status-Select One**

Code	Description
<input type="checkbox"/> <b>Not a Veteran</b>	
<input type="checkbox"/> <b>Disabled Veteran</b>	<i>(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 Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.</i>
<input type="checkbox"/> <b>Other Protected Veteran</b>	<i>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. For those with Internet access, the information required to make this determination is available at <a href="http://www.opm.gov/veterans/html/vgmedal2.htm">http://www.opm.gov/veterans/html/vgmedal2.htm</a>. A copy of the list also may be obtained by sending an e-mail to <a href="mailto:helpdesk@vets100.com">helpdesk@vets100.com</a> or by calling (301) 306-6752 and requesting that a copy be mailed to you.</i>
<input type="checkbox"/> <b>Armed Forces Service Medal Veterans</b>	<i>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 (61 Fed. Reg. 1209) at <a href="http://www.opm.gov/veterans/html/vgmedal2.asp">http://www.opm.gov/veterans/html/vgmedal2.asp</a></i>
<input type="checkbox"/> <b>Recently separated veterans</b>	<i>A 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.</i>

**If an ADA Accommodation is requested, please contact Human Resources.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date