

## Page 1 of 6: General Information

Type of position desired\*

☐ Full-time

☐ Part-time

☐ Temporary

☐ Intermittent

If you are or were a Kent State Employee, please specify last position held, dates of service and department

Last Position Held

Dates of Service

Department

Do you have any relatives who are currently employed by KSU?\*

☐ Yes

☐ No

Specify Name and Relationship of Relative\*

Name

Relationship

Name

Relationship

Name

Relationship

Are you legally authorized to work in the United States?\*

Select ▼

Will you now or in the future require sponsorship for an immigration-related employment benefit?\*

Select ▼

## Page 2 of 6: Document Uploads

### To upload a file:

1. Click 'Browse...' and select the file from your computer.
2. Click 'Upload' to send the resume to us, this may take a few minutes depending on the speed of your internet connection.

To delete a file that you have uploaded, click 'Delete'.

Please attach your resume (CV)\*

Choose File

No file chosen

**PLEASE NOTE that your application is not complete until you have gone through the voluntary demographic questions and CERTIFICATION and SUBMIT pages at the end of the application process.**

# Page 3 of 6: Voluntary Demographic Questions

## Voluntary Demographic Questions

As part of our commitment to equal employment opportunity efforts, our institution conducts a survey of all job applicants. Submission of this information is entirely voluntary, and its contents are confidential to Human Resources. We do, however, appreciate your assistance and ask that you complete the following section.

You may choose to "Not Disclosed" if you do not wish to provide the information.

### Legal Sex

- ☐ Male
- ☐ Female
- ☐ Not Disclosed

### Are you Hispanic or Latino?

Select ▼

Click for [Category Definitions](#).

**Race Category** Please mark the one box that describes the race/ethnicity category with which you primarily identify

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Not Disclosed

# Page 4 of 6: Voluntary Self-Identification of Disability

## Voluntary Self-Identification of Disability

Form CC-305

Page 1 of 1

OMB Control Number 1250-0005

Expires 5/31/2023

First Name\*

Last Name\*

Today's Date\*

Day ▼Month ▼

## Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

## 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)

## Please check one of the boxes below:

**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.

Please check one of the boxes below:\*

- ☐ Yes I Have A Disability Or Have A History/Record Of Having A Disability
- ☐ No I Don't Have A Disability Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

## Page 5 of 6: Voluntary Self Identification of Protected Veteran Status

### Voluntary Self-Identification of Protected Veteran Status

This employer 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.

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 reemployed 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.

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.

## **Veteran Status**

Please check 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.

## **Page 6 of 6: Certification**

I certify that all statements made on this application and the information contained in all other documents I have submitted in support of my application are true and complete to the best of my knowledge. I understand that my stated pre-employment qualifications are subject to verification and I hereby authorize Kent State University to confirm or investigate any information provided.

I understand that any falsification of my application materials will be sufficient grounds for rejection of the application, or termination of employment. If selected for employment, I may be required to be fingerprinted and/or undergo a medical examination.

If hired, I agree to provide proof of my identity and work authorization for verification of employment eligibility. Any falsification of employment documents shall result in immediate termination of employment. In submitting this application, I authorize Kent State University to contact each of my former employers,

educational institutions and the references listed herein. I also authorize each of my former employers, educational institutions, and references listed herein to give Kent State University any and all information concerning my education, previous employment, any pertinent information they may have regarding my work performance, whether such information is favorable or unfavorable to me. I hereby fully release all such persons and entities from any liability with respect to furnishing such information to Kent State University, and waive any claims I may have against them with respect to release of such information. I also authorize Kent State University to release such employment information as necessary to those employees and agents of Kent State University who require such information to investigate or to make a decision with respect to any matter pertaining to my employment.

**\*\*\*Please Note\*\*\* Documents submitted to Kent State University for employment opportunities are public record and subject to disclosure under the Ohio Public Records Law.**

I certify that I have read and agree with these statements.

Please enter your initials to verify your identity.

INITIALS\*

Close window