



Congratulations on your new position with our organization, we wish to extend you a warm welcome.

To assist with the onboarding process, we require you to provide us with some important information as outlined within this form. Please complete all mandatory information at your earliest convenience.

First name (as on legal documents i.e. passport)	
Middle name	
Last name (as on legal documents i.e. passport)	
Maiden name (other last name used)	
Suffix	
Preferred name (if different from first name)	
Personal email address	

#### Home Address

Address Line 1	
Address Line 2	
City	
State	
Zip	
Telephone Area Code	
Telephone Number	

#### Additional Information

Date of Birth	
Sex	
Marital Status	
Do you have a US Social Security Number?	
Social Security Number, if you don't have a Social Security Number enter 000000000	
Are you a Citizen of the United States?	
Complete the following section if you are Not a Citizen of the United States	
Are you a lawful permanent resident alien (holder of a green card)?	
Visa Status	
Country of legal residence	
Date of original entry to US	

**Ethnicity/Race**

Are you Hispanic or Latino	
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Race
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**Ethnic Categories**

Hispanic or Latino: a person of Cuban Mexican Chicano Puerto Rican South or Central American or other Spanish culture or origin regardless of race.

**Race Categories**

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America) and who maintains 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.

## Voluntary Self-Identifications Forms

### INVITATION TO SELF IDENTIFY

#### Voluntary Self-Identification (Protected Veteran Status)

The University of Toledo is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify protected veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, the data will not identify any specific individual.

#### **Veteran Status:**

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box below.

#### **I belong to one of the following classifications of protected veterans:**

Disabled Veteran-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.

Recently Separated Veteran-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.

Active-Duty Wartime or Campaign Badge Veteran-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.

Armed Forces Service Medal Veteran-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.

I belong to the following classifications of protected veterans (choose all that apply)	
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If you are a disabled veteran, while not required, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

As noted above, the information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

### Voluntary Self-Identification of Disability

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

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the 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?

A disability is a condition that substantially limits one or more of your “major life activities.” If you have ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to:

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes

Voluntary Self-Identification of Disability

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.

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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](http://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.  
Accommodation Needs

Religious Accommodation (optional)

As a new employee, you are given the opportunity to advise the University whether or not you will require any religious accommodations. Your response is purely voluntary, and you will not be subjected to disciplinary action for failing to respond. Should you decide to change your decision at a later date, please notify your supervisor and the Human Resources Office in writing.

Religion	
Religious Accommodations Requested	

**Employee Declaration**  
PLEASE NOTE: Once you click 'Submit', you will not be able to edit your information. Please check all your information before submitting.

I confirm all of the information I have supplied within this form is true and accurate.

	Yes, the information I have supplied is true and accurate
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Today's Date	
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