

POST-EMPLOYMENT INFORMATION

The following information is required for post-employment records and for an annual federal report (EEO-6) that the University of Toledo (Health Science Campus) must submit to the Health, Education and Welfare Department. Various federal and state laws prohibiting inquiries and record keeping as to race, etc., relate only to **applicants** for employment, **not to employees**.

Name _____ Birth Date _____ Male Female

Address _____ Social Security # _____

City _____ State _____ Date of Employment _____

Zip Code _____ County _____ Title _____

Phone # _____ Department _____

Marital Status: Single Married U.S. Citizen: Yes No

Veteran Status: Yes No If Alien, provide VISA type: _____

If yes, please check one of the following: (**Definitions are listed on the reverse side of this page.*)

Disabled Veteran Vietnam Era Veteran* Disabled Vietnam Era Veteran
 Gulf War Era Veteran Special Disabled Veteran* Other Eligible Veteran*

Served from _____ to _____

The American with Disabilities Act requires employers to accommodate those with disabilities. If you have a disability, please let us know on a voluntary basis.

Disability: None Yes Specify: _____

RACE IDENTIFICATION - Please identify your race/ethnic background.

- | | |
|--|--|
| <p><input type="checkbox"/> 1. AMERICAN INDIAN OR ALASKAN NATIVE. All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.</p> <p><input type="checkbox"/> 2. WHITE. Not of Hispanic origin. All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.</p> <p><input type="checkbox"/> 3. BLACK. Not of Hispanic origin. All persons having origins in any of the Black racial groups of Africa.</p> | <p><input type="checkbox"/> 4. ASIAN OR PACIFIC ISLANDER. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.</p> <p><input type="checkbox"/> 5. HISPANIC. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race.</p> <p><input type="checkbox"/> 6. OTHER.</p> |
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PERSONS TO BE NOTIFIED IN CASE OF AN ACCIDENT OR EMERGENCY			
Name	Relationship	Phone	
Address	City	State	Zip Code
Employee Signature		Date	

Please Complete Back Side

PRIOR SERVICE with any other Ohio public employer can be added to your University of Toledo (Health Science Campus) service credit. If this applies to you, please complete the following information.

If you have not had prior service, please sign the appropriate section.

I have been employed in a non-student status by the following public employer(s) in Ohio:

Name of Employer _____

Address _____

Dates of Employment _____

Name of Employer _____

Address _____

Dates of Employment _____

Signature _____ Date _____

I have not had any previous public employment in Ohio:

Signature _____ Date _____

***Veteran of the Vietnam-era** means a person who: (1) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases; or (2) was discharged or released from the active duty for a service connected disability if any part of such active duty was performed: (I) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975, in all other cases.

***Special disabled veteran** means: (1) a veteran 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 Department of Veterans Affairs for a disability (I) rated at 30 percent or more, or (II) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or (2) a veteran who was discharged or released from active duty because of a service-connected disability.

***Other veteran** is specified as a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.