

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

To All Applicants:

Tougaloo College is an Equal Opportunity/Affirmative Action Employer. We will consider all qualified applicants for employment without regard to race, color, religion, sex, age, national origin, sexual orientation, disability, citizenship, veteran status, genetic information, disability, citizenship, veteran status, genetic information, gender identity or any other legally protected status.

To insure we are in compliance with federal and state equal employment opportunity laws, we ask that you voluntarily provide the following information. Whether or not you provide this information, no action will be taken with regard to your application or employment. The questionnaire will be kept separate from your application, and will not be used to make any employment decision.

Applicant Name _____

Date _____ Position Desired _____

Female _____ Male _____

ETHNIC GROUP:

White _____

Black _____

Hispanic _____

American Indian/Alaskan Native _____

Asian American/Pacific Islander _____

Other _____

Are you a Vietnam Era Veteran? _____

Are you a Disabled Veteran? _____

Under Section 504 of the Rehabilitation Act of 1973, do you qualify as a handicapped individual? _____
If yes, indicate handicap: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

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.

How do you know if you 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
- 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)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

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

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

TOUGALOO COLLEGE
Human Resource Department

Mailing Address: 500 West County Line Road * Tougaloo, MS 39174

APPLICATION OF EMPLOYMENT
(An Affirmative Action/Title IX/Section 504 Employer)

PLEASE READ CAREFULLY

All information will be treated confidentially. Please answer all questions as completely as possible. The use of this form does not indicate that there are positions open and does not obligate you or this institution. Your application will remain under active status for **thirty days** (30) from the date it is filed. It will then become inactive unless you notify the Personnel Office that you want to remain under consideration.

Please Print in Ink

PERSONAL AND GENERAL HISTORY

Name _____ Date _____
Last First Middle
Address _____ Phone _____
Street City State Zip Code

Position(s) applying for _____ Full-time () Part-time ()

Other positions or types of work for which you feel you are qualified _____

If desiring part-time work, days and hours available _____

Salary requirement _____ Date available to begin work _____

Social Security Number _____ Are you a U.S. Citizen? Yes () No ()

If no, do you have a visa which allows employment? Yes () No ()

If you are under 18 or over 70 years old, please complete: Date of Birth _____
Month Date Year

Other contact for messages: Name _____ Phone _____

In the event of emergency notify: Name _____ Phone _____

Address _____
Street City State Zip Code

Have you ever applied at this office before? Yes () No () If so, when: _____

Number of days lost during the last year due to your own illness: _____

Physician _____ If over 10 days lost, please explain: _____

It is the policy of Tougaloo College to employ only the best qualified individuals available for all jobs without regard to race, color, religion, sex, age, national origin, sexual orientation, disability, citizenship, veteran status, genetic information, or gender identity in its programs and activities as required by Title IX of the Educational Amendments of 1972, the American with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and college practices. The College prohibits sexual harassment, including sexual violence.

Inquiries and complaints of violation concerning this policy should be directed to the Human Resource Department.

EMPLOYMENT RECORD

List your current or most recent employer first and indicate a continuous record of employment for the last ten years or from the time you left school. (Please add a supplementary sheet if additional space is required.)

Name of Employer		Address		Phone
Employed (Month/Year)		Salary-Starting	Salary-Ending or Present	Name of Supervisor
From	To			
Job Title and Duties _____			Reason for Leaving	
Name of Employer		Address		Phone
Employed (Month/Year)		Salary-Starting	Salary-Ending or Present	Name of Supervisor
From	To			
Job Title and Duties _____			Reason for Leaving	
Name of Employer		Address		Phone
Employed (Month/Year)		Salary-Starting	Salary-Ending or Present	Name of Supervisor
From	To			
Job Title and Duties _____			Reason for Leaving	
Name of Employer		Address		Phone
Employed (Month/Year)		Salary-Starting	Salary-Ending or Present	Name of Supervisor
From	To			
Job Title and Duties _____			Reason for Leaving	
Name of Employer		Address		Phone
Employed (Month/Year)		Salary-Starting	Salary-Ending or Present	Name of Supervisor
From	To			
Job Title and Duties _____			Reason for Leaving	

If currently employed, may your employer be contacted at this time for a reference? Yes () No ()
 Have you ever held a supervisory position? Yes () No () If yes, where? _____
 Number of employees supervised? _____.

Have you ever been known by any other name(s) which the College will require to verify any of the information contained in this application? Yes () No () If yes, give name(s) and identify the related school employer, etc. _____

Have you ever been employed by Tougaloo College or any other (Mississippi) Institution? Yes () No ()
If yes, please complete:
Name of institution/campus or agency _____ Department _____
Supervisor _____ Employed From _____ To _____

Does this College now employ any of your relatives: Yes () No () If yes, please state:
Name _____ Department _____ Relationship _____

How were you referred to the Personnel Office?
() Voluntary () State Employment Office () Tougaloo College Employee _____
() Want Ad () Private Employment Agency () Other _____

Have you ever been convicted of an offense other than a minor traffic violation? Yes () No ()
If yes, state date, place, and nature of each conviction _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by Tougaloo College.

I understand and agree that all information furnished in this application may be verified by Tougaloo College. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Tougaloo College all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and Tougaloo College from any liability for any claim or damage which may result.

Signature _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE - TURN TO BACK PAGE

Typing test: _____ Wpm _____ Errors Interviewer's Comments: _____
