



Valparaiso  
University

# VALPARAISO UNIVERSITY

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST

The purpose of this Information Request is to assist Valparaiso University in complying with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government based on the following information. If you choose to volunteer the requested information, please note that all Information Requests are kept in a confidential file and are not part of your Application for Employment nor will this form become part of your personnel file in the event you are hired. **YOUR COOPERATION IS VOLUNTARY. Inclusion or exclusion of any data will not affect any employment decisions.**

### BOX #1 -GENERAL INFORMATION

Name: _____ <i>Last First MI</i>	Social Security Number: <u>XXX-XX-</u> (last 4 digits only)
Address: _____	
Gender: M / F	Date of Birth: _____

### BOX #2 – NON-RESIDENT ALIEN

<input type="checkbox"/> YES <input type="checkbox"/> NO                    Are you a non-resident alien?    If Yes, please continue to <b>Box #5.</b>
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### BOX #3 - RACIAL OR ETHNIC DATA

Are you . . . <b>Hispanic or Latino?</b> Yes ___    No ___ (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
<u>Are you from one or more of the following races?</u> Yes ___    No ___ <b><u>If YES, please select one or more:</u></b>
_____ <b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North and South America including Central America and who maintains a tribal affiliation or community attachment.
_____ <b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
_____ <b>Black or African American :</b> A person having origins in any of the black racial groups of Africa.
_____ <b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
_____ <b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### BOX #4: SERVICE DATA

Do you qualify as a Vietnam Era Veteran? <i>Any veteran of the armed services who served on active duty for at least 181 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged honorably or released sooner because of a service-related disability.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you considered a disabled veteran by the U.S. Veteran’s Administration? <i>Any person entitled to compensation by the Veteran’s Administration for a disability rated at 30% or more, or who was discharged or released from active duty by reason of service-related disability.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No



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(COMPLETE OTHER SIDE)

**BOX # 5 - DISABILITY DATA**

Do you have a physical or mental disability which substantially limits one or more major life activities?  Yes  No

If "Yes" please identify the impairment.

\_\_ Speech Impairment    \_\_Hearing Impairment    \_\_Other: \_\_\_\_\_  
\_\_ Motor Impairment    \_\_ Visual Impairment    \_\_\_\_\_  
\_\_ Multiple Disability    \_\_Mental Disability    \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_