



Because RIT is committed to recruiting, hiring and promoting people with disabilities and veterans, **if you need accommodation to assist with completing this or the electronic application**, please contact Human Resources in person or by calling 585-475-2424.

Please print clearly:

Name	Home Phone/TTY
Address Line 1	Cell Phone
Address Line 2	
City	State
	Zip Code
Email	

RIT...A University that Values Diversity

RIT promotes and values diversity within its work force and provides equal opportunity to all qualified individuals regardless of race, color, creed, age, marital status, gender, religion, sexual orientation, gender identity, gender expression, national origin, veteran status, or disability. All individuals with the ability to contribute in meaningful ways to the university's continuing commitment to cultural diversity, pluralism, and individual differences are encouraged to make application. RIT is an Equal Opportunity Employer.

Voluntary Self Identification Information

All federal government contractors with 50 or more employees are required to solicit the gender, race, and ethnicity of applicants. **This self-identification is voluntary**, and there never has been, nor will there be, any adverse action taken against you if you choose not to disclose this information. This information will not be kept in your personnel file. It will be maintained in the Human Resources employee database solely for use in required government reporting or other business purposes. If you chose not to report this data, please select the opt out option below.

Gender-Select One

Male Female

Ethnicity-Select one in this section

Hispanic or Latino *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race*

Non Hispanic or Latino

Race Regardless of your answer to the ethnicity question above, you may **select one or more of the following race categories** that apply to you.

American Indian or Alaska Native *A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through 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.*

I do not want to disclose my EEO information.

Please return the completed application to:

Rochester Institute of Technology
Department of Human Resources
8 Lomb Memorial Drive
Rochester, NY 14623

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

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.

ⁱ 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.

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.

Safety & Security Information for Prospective Employees

RIT is committed to providing safety and security information to all current and prospective members of the campus community. RIT's annual safety and security compliance report is available at <http://finweb.rit.edu/campussafety/publications.html>. This information is required by law and is provided by the RIT Public Safety Department. If you would like a paper copy of the Safety and Security Report, please call (585) 475-6963.

E-Verify

RIT uses E-Verify to confirm employment eligibility for new and existing employees working on federally funded contracts that contain that requirement. Before considering employment with RIT, please read the language from the U.S. Department of Homeland Security, the Social Security Administration and the Department of Justice by clicking on the associated links below. *You must have Adobe reader to view these posters.*

- **English E-Verify Participation Poster** http://www.uscis.gov/USCIS/Controlled%20Vocabulary/Native%20Documents/E-Verify/E-Verify_Poster_V08-08_Standard_English.pdf
- **Spanish E-Verify Participation Poster** <http://www.uscis.gov/USCIS/E-Verify/EVerifyPosterSpanish1.pdf>
- **English English Right to Work Poster** http://www.uscis.gov/USCIS/Verification/E-Verify/E-Verify_Native_Documents/Right_to_Work_Poster_English.pdf
- **Spanish Right to Work Poster** <http://www.uscis.gov/USCIS/Verification/>

INVITATION TO DISCLOSE VETERAN STATUS

Definitions

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.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date:
(MM/DD/YYYY)

ACTIVE WARTIME OR CAMPAIGN BADGE (OTHER PROTECTED) VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

Your Name

Reasonable Accommodation Notice

If you are a disabled veteran 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.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

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.



Rochester Institute of Technology Employment Application
Additional Information

You are encouraged to submit your application online at our Career Zone site: <http://careers.rit.edu/>

Because RIT is committed to recruiting, hiring and promoting people with disabilities and veterans, **if you need accommodation to assist with completing this or the electronic application**, please contact Human Resources in person or by calling 585-475-2424 or email your request to careers@rit.edu.

Please print clearly:

Name	Home Phone/TTY
Address Line 1	Cell Phone
Address Line 2	
City	State
Email	Zip Code

Please indicate the position title and BR number for which you are applying:

Position Title	BR Number
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Are you 18 years of age or older?	Yes	No
Did you previously work at RIT? Include work as adjunct faculty, student worker, temporary or regular employee	Yes	No
If yes please list dates of service and positions held:		
Are you a current or former RIT student?	Yes	No
If yes please list years attended:		
Did you graduate from RIT	Yes	No

Applicant Affirmation Signature

Information provided to RIT on this application form, as well as materials submitted for consideration such as a resume, curriculum vitae, or professional portfolio, are subject to verification. Falsification of employment-related information may bar employment and/or result in termination upon discovery. My signature indicates that I understand this provision and the information I have provided is accurate.

Signature: _____ Date: _____

This page is OPTIONAL if you are attaching a resume

Employment History Starting with the most recent employer, provide the following:

Employer	Month / Year to Month / Year	Dates Employed	Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Street Address			
Job Title/Duties	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Immediate Supervisor and title (for most recent position held)			
Why did you leave?			

Employer	Month / Year to Month / Year	Dates Employed	Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Street Address			
Job Title/Duties	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Immediate Supervisor and title (for most recent position held)			
Why did you leave?			

Employer	Month / Year to Month / Year	Dates Employed	Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Street Address			
Job Title/Duties	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Immediate Supervisor and title (for most recent position held)			
Why did you leave?			

Educational Background: Starting with the most recent school attended, provide the following:

School (Include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		