

APPLICANT SELF IDENTIFICATION FORM

Since you have recently applied for/been appointed to a position at The Research Foundation for the State University of New York Downstate Medical Center, we are requesting that you **complete the following information below and return it promptly to the address referenced below**. Although doing so is voluntary on your part, this information is vital to our institution in determining the impact of its Equal Employment Opportunity program related recruitment. This information will be held in confidence and used for statistical purposes only. We appreciate your cooperation.

TO BE COMPLETED BY RECRUITING DEPARTMENT

POSITION APPLIED FOR:

DEPARTMENT:			
TITLE:			
PROJECT NO.:	TASK NO.:	AWARD NO.:	

TO BE COMPLETED BY APPLICANT

ETHNIC CATEGORY: (Please check one)

<input type="checkbox"/> 01 Black or African American (not Hispanic or Latino)	<input type="checkbox"/> 03 Asian (not Hispanic or Latino)	<input type="checkbox"/> 05 Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
<input type="checkbox"/> 02 Hispanic or Latino	<input type="checkbox"/> 04 American Indian or Alaskan Native (not Hispanic or Latino)	<input type="checkbox"/> 06 Two or More Races (not Hispanic or Latino)
<input type="checkbox"/> 07 White (not Hispanic or Latino)		

PLEASE IDENTIFY:

SEX: ☐ MALE VETERAN? ☐ YES DISABLED? ☐ YES
 AGE: _____ ☐ FEMALE ☐ NO ☐ NO

HOW DID YOU LEARN OF THE POSITION?

☐ POSTING ☐ TRADE PUBLICATION ☐ DMC WEBSITE
☐ WORD OF MOUTH ☐ INTERNET ☐ OTHER: _____

The Research Foundation for the State University of New York Downstate Medical Center is committed to equal employment opportunity. We provide reasonable accommodation under the American Disabilities Act