

Name: (Last) _____
(First) _____

*As an applicant, the information requested below is strictly **voluntary**. Failure to complete the form will **not** in any way adversely impact your applicant status. Your assistance in completing this form will help the University fulfill reporting obligations to comply with various government regulations. This information is **not accessible** by hiring manager.*

Gender: _____ Male _____ Female

Ethnicity: Are you Hispanic or Latino? Yes _____ No _____

Race: Please select **one or more races** that you identify with:

- ___ American Indian or Alaskan Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian or Other Pacific Islander
- ___ White

Military Status: Please check **all** that apply.

- ___ Not a Veteran
- ___ Veteran
- ___ Disabled Veteran
- ___ Special Disabled Veteran
- ___ Newly/Recently Separated Veteran (3 year) Discharge Date _____
- ___ Other Protected Veteran
- ___ Vietnam Era Veteran
- ___ Armed Forces Service Medal Veteran

(For an explanation of any of the veteran status terms listed above contact Human Resources at (585) 275-8747.)

Disability Status: * _____ No _____ Yes

*Examples include but are not limited to: Ambulatory, Coordination, Hearing/Auditory, Learning, Orthopedic, Psychological, Sight/Visual and Speech

(Requests for reasonable accommodations can be made at any time.

Please call Kathy Sweetland at (585) 275-9125 or see

<http://www.rochester.edu/ada/guidelines.html> for process.)

Those hired who decline to self-identify in the first box above may be identified by the University of Rochester using visual observation as permitted by Federal Law.

How did you hear about Nursing employment Opportunities at Strong Memorial Hospital?

_____ TV

_____ Radio

_____ Newspaper

_____ Web site / Internet

_____ Job Fair

_____ Newsletter / Journal

_____ Word of mouth

Other: _____
