

Dear Applicant:

California State University, Northridge is committed to ensuring equal employment opportunity and strives to recruit the broadest possible group of applicants. In accordance with federal requirements, we are also required to collect applicant flow data, specifically information on race and gender, from all applicants as one way to monitor the inclusiveness of our recruitment efforts to reach all segments of the population. Note that the demographic categories listed below are directly from the Office of Federal Contract and Compliance Programs.

Return of this form is entirely **voluntary**. It is solely for record-keeping and statistical purposes. Individually-identifiable information will **not** be accessible to anyone involved with making recommendations or decisions regarding your employment. This form will be exclusively retained in the Chief Diversity Office separately from your application for employment.

Please email this form **directly and only** to the Chief Diversity Office at: bianca.alvarez@csun.edu. You may use the Submit button at the end of this form, which will attach your completed form to an email addressed to bianca.alvarez@csun.edu. If you are using an email provider other than Outlook, such as Gmail or Yahoo, select "Submit" then "Use Webmail" and follow the steps to attach the form. The email will be saved in your drafts, for you to send when you are ready.

Your timely completion and return of this form is most appreciated.

If you have questions pertaining to this form or, due to a disability, require a reasonable accommodation to complete this form, please contact the Office of Equity and Compliance at (818) 677-2077.

AREA OF RESIDENCE: Southern California Northern California Other _____

GENDER: Female Male _____

ETHNIC/RACIAL ORIGIN: Please check one or more boxes corresponding to the ethnic origin with which you **most** closely identify. The minimum categories for data on race and ethnicity for federal statistics are defined as follows:

- African American/Black** – Having origins in any of the Black racial groups of Africa.
- Asian** – Person of Japanese, Chinese, Korean, Vietnamese, Asian Indian, Thai or similar descent other than Pacific Islander or Filipino.
- Hispanic/Latino** – Person of Mexican, Puerto Rican, Cuban, South or Central American or other Spanish descent.
- White (Not Hispanic)** – Person of European, North African or Middle Eastern descent.
- Pacific Islander** – Person of Hawaiian, Samoan, Guamanian, Polynesian, Fiji or Tahitian descent.
- Native American** – Person of American Indian, Eskimo, or persons of origins in any of the original peoples of North and South America (including Central America), who maintains a tribal affiliation and community attachment.
- Filipino** – Person of Filipino descent.
- Other** _____

HOW DID YOU LEARN ABOUT THIS VACANCY?

- Publication (Online or Paper) Which? _____
- Internet Website Which? _____
- Professional Meeting Which? _____
- Word of Mouth Colleague Relative Friend CSUN Faculty CSUN Staff
- Other Source Which? _____

For Office Use Only

Faculty Hire No:

Department:

VETERAN SELF-IDENTIFICATION FORM FOR EMPLOYMENT APPLICANTS**Definition**

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:

(1) "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.

(2) "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.

(3) 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.

(4) 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

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veteran listed

Disabled veteran
 Recently separated veteran Date of discharge _____
 Active wartime or campaign badge veteran
 Armed forces service medal veteran

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

I am not a protected veteran

I am not a veteran

Applicant's Name (Last, First, Middle Initial)

Date

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:
(if applicable)

Date:

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

Yes, I have a disability, or have had one in the past

No, I do not have a disability and have not had one in the past

I do not want 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: