



SUNY FREDONIA

APPLICANT SURVEY AND DATA COLLECTION FORM

Your application for employment at the State University of New York, SUNY Fredonia has been received. As a Federal contractor, the **Research Foundation** is required to request and maintain data on applicants for employment to ensure our compliance with the Equal Opportunity laws and regulations. **The information requested is voluntary and confidential.** Failure to provide the information will **NOT** affect your application for employment. **Identification by name is optional.**

Thank You for helping us evaluate the effectiveness of our equal opportunity efforts.

<p>FOR OFFICE USE ONLY <i>To be completed by Project Director</i></p> <p>TITLE OR POSITION APPLIED FOR: _____</p> <p>DEPARTMENT IN WHICH POSITION IS LOCATED: _____</p>
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ETHNIC DATA: (The following categories have been developed by the federal government in order to provide for the collection and use of compatible, non-duplicated racial and ethnic data by federal agencies.)

- White (Not of Hispanic origin) Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin) Persons having origins in any of the Black racial groups of Africa.
- Hispanic- Persons of Cuban, Mexican, Puerto Rican Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander- Persons having origins in any of the original peoples of the far East, Southeast Asia, Indian Subcontinent or Pacific Islands, Example: China, Japan, Korea, the Philippine Islands, Samoa, etc.
- American Indian or Alaskan Native- Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition .

SEX: Male Female

CITIZENSHIP: United States Other (Please specify) _____

DISABILITY Yes No

VETERAN: Yes No

I GIVE MY PERMISSION FOR PERSONALLY IDENTIFIABLE FROM THIS FORM TO BE SHARED WITH THE RECRUITMENT/SEARCH COMMITTEE AND/OR THE HIRING UNIT.

NAME: (Optional) _____ DATE: _____