

EDUCATION

Degree	Graduation Date (MM/YY)	School Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

PUBLIC SERVICE

Volunteer Firefighter? Yes No

Prior or Current State or SUNY Service? Yes No

If yes, please list below:

<i>Institution</i>	<i>Title</i>	<i>Service Dates</i>
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Are you a retired NYS public employee? Yes No

If yes, date of retirement: _____ and select the retirement system:

- NYS ERS NYS TRS NYS PFRS ORP

EMERGENCY CONTACTS

Emergency Contact #1

Name: _____ Relationship to You: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____ Work: _____

Emergency Contact #2

Name: _____ Relationship to You: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____ Work: _____

Emergency Contact #3

Name: _____ Relationship to You: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____ Work: _____

ETHNICITY

Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

If you selected Hispanic or Latino, you may select all that apply:

- | | | | |
|---|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Honduran | <input type="checkbox"/> Other Hispanic or Latino |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican | <input type="checkbox"/> Peruvian | |
| <input type="checkbox"/> South American | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Colombian | |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Cuban | |

Not Hispanic or Latino

RACE

Select all that apply:

- White** (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
- Black or African American** (a person having origins in any of the black racial groups of Africa)
- 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, Philippine Islands, Thailand, and Vietnam)

If you selected Asian, you may select all that apply.

- | | | | |
|---------------------------------------|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Other Asian Origin |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Nepalese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Thai | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Taiwanese | |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Tibetan | <input type="checkbox"/> Vietnamese | |

American Indian and Alaska Native (a person having origins in any of the original peoples of the North and South Americas, including Central America, and who maintains tribal affiliation or community)

Native Hawaiian and Other Pacific Islander (a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

If you selected Native Hawaiian and Other Pacific Islander, you may select all that apply.

- | | | |
|------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Fijian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Tongan | <input type="checkbox"/> Pacific Island Group |
| <input type="checkbox"/> Samoan | | |

LANGUAGE

What is the primary language spoken in your home (optional)?:

- | | | | |
|----------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Yiddish | <input type="checkbox"/> Urdu | <input type="checkbox"/> Other |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Bengali | <input type="checkbox"/> American Sign Language | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Italian | |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | | |

LGBTQ+

Do you identify as a member of the LGBTQ+ community?

- Yes
- No
- Choose Not to Disclose

VETERAN STATUS

Why are you being asked to complete this form?

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). VEVRAA requires Government contractors to take affirmative action to employ and advance employment-protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we ask you to tell us if you are a veteran covered by VEVRAA. Completing this form is voluntary, but we hope you complete it. Any answer you give will be kept private and will not be used against you in any way. 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

Voluntary Self-Identification of Protected Veteran Status

Please select:

- I identify as one or more of the classifications of protected veterans listed below.
- I am not a protected veteran.

What Categories of Veterans Are "Protected" by VEVRAA?

"Protected" veterans include the following categories: (1) disabled veterans, (2) recently separated veterans, (3) active duty wartime or campaign badge veterans, and (4) Armed Forces service medal veterans. These categories are defined below.

1. A "disabled veteran" is one of the following:
 - o 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
 - o a person is discharged or released from active duty because of a service-connected disability.
2. A "recently separated veteran" means any veteran during the three years 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 under Executive Order 12985.

Signature _____

Date _____