

Effective Date: \_\_\_/\_\_\_/\_\_\_

## DUTCHESS COMMUNITY COLLEGE

Affirmative Action

Human Resources Post Employment Self Identification Survey

Name: \_\_\_\_\_  
Last First M.I.

A# \_\_\_\_\_ or Social Security#: \_\_\_\_\_

**Gender:**  Male  Female **Age:**  18-29  30-39  40-49  50-59  60 & over

### Race/Ethnic Background

Are you of Hispanic or Latino origin?  Yes  No

If you answered 'Yes' to Hispanic or Latino, please indicate your background:

Central American  Dominican  Mexican  Puerto Rican  South American  Other Hispanic / Latino

*Please check one or more boxes:*

American Indian/Alaska Native  Native Hawaiian or other Pacific Islander  Black/African  Asian

White (Non-Hispanic)

### Military Service Information

Veteran  Disabled Veteran  Non-Veteran

Vietnam (1963-1975)\*  World War II (1941-1946)  Other \*\*

Korea (1950-1955)  Persian Gulf (1990-undefined)

The New York State Legislature has amended the definition of a "veteran" contained in Section 85 of the Civil Service Law. The new definition applies to applicants for veterans credits on eligible lists established on or after August 1, 1991 and to certain employees whose positions are abolished on or after August 1, 1991. Unaffected by the amended definition of a veteran are those individuals whose names appear on an eligible list established before August 1st or whose jobs were abolished before August 1, 1991.

The new definition of a veteran includes those with active military service with the armed forces of the United States during any of the following periods:

**World War II** – December 7, 1941 through and including December 31, 1946

**Korea** – June 27, 1950 through and including January 31, 1955

**Vietnam\*** - January 1, 1963 through and including May 7, 1975

**Persian Gulf** – August 2, 1990 to the end of hostilities as yet undefined

**Other:**

**Lebanon \*\*** - June 1, 1983 through and including December 1, 1987

**Grenada\*\*** - October 23, 1983 through and including November 21, 1983

**Panama\*\*** - December 20, 1989 through and including January 31, 1990

**\*These dates are unchanged.**

**\*\*To receive veterans' status for service in these campaigns, an applicant must also have been the recipient of one of the following: Armed Forces Expeditionary Medal, Navy Expeditionary Medal, or Marine Corps Expeditionary Medal**



# Voluntary Self-Identification of Disability

## Why am I being asked to complete this section of the form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

## Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis
- Missing or Partially Missing Limbs
- Post-Traumatic Stress Disorder
- Obsessive Compulsive Disorder
- Impairments requiring the use of a wheelchair
- Intellectual Disability (Previously called mental Retardation)

## Please check one of the boxes below:

- Yes I have a disability       No I do not have a disability       I do not wish to answer

### Accommodation Reasonable Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. 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](http://www.dol.gov/ofccp).

**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.

Note: This form is voluntary and must be returned directly to:

Office of Human Resources Management - Bowne Hall Room 220  
Dutchess Community College  
53 Pendell Rd, Poughkeepsie, NY 12601