

**TEXAS A&M UNIVERSITY EQUAL EMPLOYMENT OPPORTUNITY
 APPLICANT SELF-IDENTIFICATION INFORMATION
 FACULTY POSITIONS**

THIS BOX SHOULD BE COMPLETED BY THE DEPARTMENT BEFORE MAILING TO APPLICANTS.

Department with vacancy: _____ SEARCH NO.: _____
 Title of Position Applied for: Assistant Professor Professor
 Associate Professor Other Title: _____

TO THE APPLICANT Texas A&M University (TAMU) is required by Federal law to request and maintain data on aggregate statistics regarding racial/ethnic and sex identity and handicap and veteran status of applicants for employment. These data provide TAMU and the Federal Government with information necessary to monitor the University's compliance with Equal Opportunity requirements. This information will not be considered as part of the application for employment and will be separated from applications materials. Your response is voluntary.

Last Name	First Name	Middle	Address	City
State	Zip	Phone No.	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

Select one of the following categories with which you identify:

1. Are you Hispanic/Latino? YES NO
2. What is your race(s)? (Please check all that apply.)

- AMERICAN INDIAN or ALASKAN NATIVE.
- ASIAN
- BLACK or AFRICAN AMERICAN
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
- WHITE
- DECLINE TO PROVIDE

INDIVIDUAL WITH A DISABILITY. The individual chooses to be identified as an individual with a disability, because he/ she has a record of or is regarded as having a physical or mental impairment which substantially limits one or more of his/her major life activities.

VETERAN I served in the United States Army, Navy, Marine Corps, Air Force, or Coast Guard, in a reserve unit of one of these military components or in the National or Air National Guard of the United States and was discharged or released under conditions other than dishonorable.

SPECIAL DESIGNATIONS: VETERAN OF THE VIETNAM ERA. The individual served more than 180 days on active duty with one of the United States Armed Forces (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; (2) in all other cases, between August 5, 1964, and May 7, 1975; or he/she met either of the preceding criteria and was discharged or released from active duty for a service-connected disability.

DISABLED VETERAN I have a disability that entitles me to Veteran=s Administration disability compensation rated at percent or more; or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.

OTHER I served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law and was discharged with other than a dishonorable discharge or was discharged for an established service-connected disability and I am competent.

SURVIVING SPOUSE OF A VETERAN. I am a surviving spouse, who has not remarried, of a veteran killed while on active duty who served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law and I am competent.

ORPHAN OF A VETERAN. I am a child of a veteran killed while on active duty who served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law and I am competent.

NONE OF THE ABOVE. I have read the above definitions and none of them apply to me.

SIGNATURE _____ Date _____

Please send the completed signed form to the Office of the Dean of Faculties and Associate Provost by email to dof@tamu.edu or by fax to 979-845-1822.