

UNIVERSITY OF ROCHESTER
Office of Human Resources
Self-Identification Data Form

As an applicant, the information requested below is strictly *voluntary*. Failure to complete the form will **not** in any way adversely impact your applicant status. Your assistance in completing this form will help the University fulfill reporting obligations to comply with various government regulations. This information is **not accessible** by hiring managers.

<p>Name: _____</p> <p>Gender: Female _____ Male _____</p> <p>Ethnicity: Are you Hispanic or Latino? Yes _____ No _____</p> <p>Race: Please select one or more races that you identify with:</p> <p>_____ American Indian or Alaskan Native</p> <p>_____ Asian</p> <p>_____ Black or African American</p> <p>_____ Native Hawaiian or Other Pacific Islander</p> <p>_____ White</p>

<p>Military Status: Please check all that apply:</p> <p>___ No Military Service</p> <p>___ Other Protected Veteran</p> <p>___ Armed Forces Service Medal Veteran</p> <p>___ Newly/Recently Separated Veteran (3 year) Discharge Date _____</p> <p>___ Disabled Veteran</p> <p style="text-align: center;"><i>For an explanation of any of the veteran status terms listed above contact Human Resources at (585) 275-8747.</i></p>

<p>Disability: * ___ No ___ Yes</p> <p>* Examples include but are not limited to: Ambulatory, Coordination, Hearing/Auditory, Learning, Orthopedic, Psychological, Sight/Visual, and Speech</p> <p>Requests for reasonable accommodations can be made at any time. Please call Kathy Sweetland at (585) 275-9125 or see www.rochester.edu/ada/guidelines.html for guidelines to the process.</p>
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Those who decline to self-identify in the first box above may be identified by the University of Rochester using visual observation as permitted by Federal Law.

Return to HR Service Center, P.O. Box 278955

DISCLOSURE/AUTHORIZATION FOR CONSUMER REPORT

Thank you for your interest in employment opportunities at the University of Rochester. Please read the following disclosure carefully and sign the authorization below.

In order to make a determination as to your suitability for employment, the University of Rochester would like to obtain a consumer report about you. A consumer report is defined by the Fair Credit Reporting Act as any written, oral or other communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living that is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment including, but not limited to hire, promotion, demotion or discharge. Our specific interest is in obtaining a criminal background check, a social security verification and an educational verification.

I hereby authorize the University of Rochester to obtain a consumer report about me for employment purposes and understand that failure to consent to the release of my consumer report will render me ineligible for consideration for employment at the University of Rochester.

Applicant Signature

Date

Applicant's name PRINTED

Social Security Number

RBA STAFFING SOLUTIONS REFERENCE CHECKING SERVICES

CRIMINAL BACKGROUND INQUIRY / SOCIAL SECURITY VERIFICATION/ EDUCATIONAL VERIFICATION

RELEASE OF CLAIMS

I understand that the information and opinions concerning me disclosed to RBA Staffing Solutions, and from RBA Staffing Solutions to **the University of Rochester**, may include both favorable and unfavorable material. I knowingly and voluntarily release RBA Staffing Solutions and **the University of Rochester**, and their respective agents and employees, from any and all claims and liabilities, including but not limited to claims for defamation, retaliation, discrimination, damages, costs and attorneys fees, which have arisen or may arise in the future related to the information and opinions provided to RBA Staffing Solutions and from RBA Staffing Solutions to **the University of Rochester**.

I intend that a copy of this Authorization and Release be as valid as the original.

Applicant's Name PRINTED	Social Security Number	Date
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Other last names/Alias/AKA's used.

Please list all **counties** that you have lived in within the last **seven (7)** years including the current one.

County (or city if unknown)	State	Years of Residency	
		From:	To:
		From:	To:
		From:	To:
		From:	To:
		From:	To:
		From:	To:

Please provide information for your highest level of education.

School	Phone #	City and State	Degree Received	Name Used While Attending	Year

Applicant's Signature

For Office Use Only: D.O.B _____

Crim Check _____, Educ Ver _____

Article 25-380-J: _____ over _____ under