



Employee Name:

Date:

Equal Employment Opportunity Information

NJIT is an equal opportunity employer and is to maintain a diverse workforce. It is NJIT's policy to provide equal opportunity to qualified individuals regardless of race, color, sex, national origin, religion, age, disability, veteran status, sexual orientation, or any other status protected by state or local law. This commitment to equal opportunity governs decisions related to all aspects of employment, including but not limited to selection, development, compensation, and employees' requests for reasonable accommodation, all employees are to be treated in a manner free from discrimination or harassment based on the characteristics described above.

Please be aware that you are not required to provide this information and any information you provide will be treated confidentially and be kept in a separate file from the personnel file. If you choose not to provide this information, your decision will not affect your employment. Thank you for your help and cooperation.

Gender

Please check one:

☐ Male

☐ Female

Veteran Status

Please check one:

☐ Not a Veteran

☐ Active Wartime or Campaign Badge

☐ Veteran Not a Protected Veteran

☐ Protected Veteran

Ethnicity

☐ **Not Hispanic or Latino**

☐ **Hispanic or Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, other Spanish culture or origin regardless of race.

Race

Please check all that apply. The U.S. Equal Employment Opportunity Commission uses the following definitions of race/ethnic groups:

☐ **African American or Black:** All persons having origins in any of the Black racial group of Africa.

☐ **American Indian or Alaska Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ **Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. The area includes, for example, China, India, Japan, Korea, the Philippines Islands and Vietnam.

☐ **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ **White:** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Why Are You Being Asked to Complete this Form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at

www.dol.gov/ofccp.

How do you know if you 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:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

No, I Don't Have A Disability, Or A History/Record Of Having A Disability

I don't wish to answer

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.

FOR EMPLOYER USE ONLY:

Job Title: _____

Date of Hire: _____