Revised: June-11

INDIANA UNIVERSITY SOUTHEAST APPLICANT MONITORING FORM

Indiana University Southeast sends this form to any individual who applies for a position on the Southeast Campus. It is used by the Director of Staff Equity & Diversity solely in accordance with our Affirmative Action Program and applicable laws and regulations. Completion and submission of any part of this form is **voluntary.** Whether or not you respond will have no impact on your application or candidate status.

Please enter data in the boxes listed below and send this form to the Office of Equity and Diversity using one of the following methods: via U.S. mail at IU Southeast, Office of Equity & Diversity, US 231A, 4201 Grant Line Road, New Albany, IN 47150; via fax at (812) 941-2549; or via email at www.eqdiv@ius.edu. If you have questions, feel free to call (812) 941-2306.

1. Your name:	Date:
2. Sex: Male Female	Completed by Applicant
3. Age: Under 40 Over 40	Academic Unit/Dept:
4. Race/Ethnicity (see page 2 for definitions): American Indian/Native American or Alaska Native Asian American or Pacific Islander Black/African American, not Hispanic Hispanic/Latino White, not Hispanic	Position Title:
Are you multiracial? (see page 2 for definitions) Yes No	7. How did you learn of this position? (Check all that apply) A. Advertisement in newsletter, newspaper, magazine or journal (title)
If yes, please specify which groups:	☐ B. Job information or vacancy list (name)
5. In accordance with federal law, IU employs only U.S. citizens and noncitizens authorized to work in this country. IU will assist individuals needing work authorization to obtain the visa status necessary to be employed here. Please indicate your present status:	 □ C. Hiring department, professor, or search committee member contacted me by phone, email or direct mailing. □ D. Electronic bulletin board/job listing or World Wide Web site (name) □ E. Professional organization (name)
☐ U.S. Citizen or Permanent Resident☐ Foreign National	☐ F. Personal contact, word of mouth from a relative, friend or colleague. ☐ G. I contacted the hiring department or faculty member regarding
Visa type, if applicable:	possible openings. H. IU Bulletin for Academic Appointees or other IU job list posted at
6. For affirmative action purposes, do you:	☐ I. I was referred by a placement office at (name of institution)
A. Wish to identify yourself as disabled? ☐ Yes ☐ No (see page 2 for definitions)	J. Recruitment/referral agency (name)
B. Qualify as a Vietnam-era veteran? ☐ Yes ☐ No (see page 2 for definitions)	☐ K. Other
C. Qualify as a disabled veteran?	

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RACE/ETHNIC CATEGORIES DEFINED

AMERICAN INDIAN/NATIVE AMERICAN OR ALASKA NATIVE

Persons having origins in the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN AMERICAN OR PACIFIC ISLANDER

Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes: China, Japan, Korea, India, Pakistan, Nepal, the Philippine Islands, Samoa and Polynesia.

BLACK/AFRICAN AMERICAN, NOT HISPANIC

Persons having origins in any of the Black racial groups of Africa.

HISPANIC/LATINO

Persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

WHITE, NOT HISPANIC

Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

MULTIRACIAL

Persons having a biological parent who is a different race from the other biological parent. (*Indiana Code 5-15-5.1-6-5, effective July 1, 1995*).

DISABLED INDIVIDUAL

A person who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment. Contact the IU Office of Affirmative Action for additional information on federal guidelines for employers regarding job applicants with disabilities.

VIETNAM-ERA VETERAN

Any veteran of the armed services who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975.

DISABLED VETERAN

Any person entitled to compensation by the Veteran's Administration for a disability rated at thirty (30) percent or more, or who was discharged or released from active duty by reason of a service-connected disability.

Indiana University Southeast is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Indiana University Southeast invites you to voluntarily self-identify your sex, ethnicity, and race. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. If you do not wish to furnish this information, please check this box

INDIANA UNIVERSITY SOUTHEAST IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER