Dear Applicant:

Thank you for your application for employment with Stony Brook University. Stony Brook University is an Equal Opportunity and Affirmative Action employer and educator. Qualified applicants are considered for employment without regard to race, color, religion, national or ethnic origin, age, genetic information, sex, creed, marital status, gender identity, sexual orientation, disability, veteran or military status.

As a government contractor, Stony Brook University is required to request and maintain data on applicants to ensure our compliance with EEO/AA laws and regulations. In our effort to comply, we invite you to voluntarily self-identify your information requested on the attached forms. Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence.

There are four ways we accept this form:

1. E-mail: vaais@notes.sunysb.edu
2. Fax: (631) 632-9428
3. Mail: Office of Diversity & Affirmative Action
   Administration Room 201
   Stony Brook University
   Stony Brook NY 11794-0251
4. Apply online for a job and complete this form electronically.

Note: please make sure you include the Job Posting Number on the Forms.

Posting Reference #: ____________________________ Date: ______________________________

Department: ____________________________ Job Title: ____________________________

Choose one in each category. Definitions on Page 3 of 6

<table>
<thead>
<tr>
<th>Sex:</th>
<th>_____ Male</th>
<th>_____ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic Group:</td>
<td>_____ Hispanic or Latino</td>
<td>_____ Not Hispanic or Latino</td>
</tr>
<tr>
<td>Race:</td>
<td>_____ Asian</td>
<td>_____ Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>_____ Black or African American</td>
<td>_____ White</td>
</tr>
<tr>
<td></td>
<td>_____ American Indian or Alaska Native</td>
<td>_____ Two or More races</td>
</tr>
</tbody>
</table>
Survey of Protected Veteran Status

Stony Brook University is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (“VEVRAA”), which requires Government contractors to take affirmative action to employ and advance in employment:

1. disabled veterans;
2. recently separated veterans;
3. active duty wartime or campaign badge veterans; and
4. Armed Forces service medal veterans.

These classifications are defined as follows:

- **A “disabled veteran”** is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.

- **A “recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

- **An “active duty wartime or campaign badge veteran”** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

- **An “Armed forces service medal veteran”** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (“VETS”), toll-free, at 1–866–4–USA–DOL.

As a Government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.
Survey of Protected Veteran Status

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN

Definitions – Race / Ethnic Groups

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
**Information for Requesting Information About An Accommodation**

Stony Brook University has appointed the following individual as the official responsible for processing requests for reasonable accommodation from applicants and employees with disabilities:

<table>
<thead>
<tr>
<th>Name</th>
<th>Kathleen Paterno</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Interim Director Disability Support Services</td>
</tr>
<tr>
<td>Office Phone</td>
<td>631-632-6748</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:kathleen.paterno@stonybrook.edu">kathleen.paterno@stonybrook.edu</a></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>128 Education Communication Center</td>
</tr>
<tr>
<td></td>
<td>Stony Brook, NY 11794-2662</td>
</tr>
<tr>
<td>Information about reasonable accommodation procedures</td>
<td><a href="http://studentaffairs.stonybrook.edu/dss/facstaff/ada.shtml">http://studentaffairs.stonybrook.edu/dss/facstaff/ada.shtml</a></td>
</tr>
</tbody>
</table>
Why are you being asked to complete this 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 (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- 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 (or previously had a disability)
☐ NO, I DON'T HAVE A DISABILITY
☐ I DON'T WISH TO ANSWER

__________________________________________  _______________________________________
Your Name                                      Today’s Date
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.

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.

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.