

FACULTY RECORD FORM

OFFICE OF THE DEAN OF FACULTY OF ARTS AND SCIENCES
6045 Wentworth Hall ■ Hanover, New Hampshire 03755-3526

1. Complete the following information.

PERSONAL INFORMATION:

Please list your name as it appears on your passport.

First/Given Name _____ Middle _____ Last/Family Name _____

Soc. Sec # _____ Date of Birth _____

Address _____

City/State/Zip/Country _____

Telephone (Home/Cell) _____

Email Address _____

Birth Place (City, State, Country) _____ Country of Citizenship _____

Married Yes No Spouse's/Partner's Name _____

IN CASE OF EMERGENCY NOTIFY:

First Name _____ Middle _____ Last _____

Telephone (Home/Cell) _____

IMMIGRATION/CITIZENSHIP

Are you a U.S. citizen or a legal permanent resident of the U.S. (green card holder)? Yes No

If not a US citizen, please complete this section:

1. Are you currently in the United States? Yes No

2. If yes to #1, Current U.S. immigration Status _____ Passport # _____

Spouse's/Partner's Information:

U.S. immigration Status _____ Passport # _____

Birth Place _____ Birth Date _____

VISITING FACULTY NEED NOT COMPLETE THIS SECTION

Children Names:

	First	Last	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

2. Please Attach a current Curriculum Vitae.

3. Additional Information: Please attach a list of publications and other pertinent information, if not already included in CV.

SELF IDENTIFICATION COMPLIANCE FORM

In order for Dartmouth to be in compliance with federal mandates on collecting and reporting data on ethnicity / race / gender/ veteran and disability status, it is important that we have accurate information on our employees. Please find below questions in regard to these categories below, including federal definitions for clarification. For each question, please select the category that best describes how you self-identify. Your responses will be kept confidential and reported in aggregated form only. Completion of this form is voluntary, but your participation will help Dartmouth remain in compliance with federal reporting requirements.

Name: _____

Please review each question below and select the categories that best describe how you self-identify.

A. Ethnicity (please check **if** applicable)

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, **regardless of race** (note: does not include persons of Brazilian or Portuguese culture or origin).

B. Race (please check **one or more** races)

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian

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.

Black or African American

A person having origins in any of the black racial groups of Africa.

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

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

C. Gender

Female **Male**

D. Veteran Status

Not a Military Veteran

Military Veteran

For federally recognized **protected Veterans** please check **all** that apply below:

- Disabled veteran** (served in the US military, ground, naval or air service and entitled to compensation under laws administered by the Veterans Administration; or was discharged / released from active duty because of a service-connected disability).
- Recently separated veteran** (released from active duty in the US military, ground, naval or air service within the past three years).
- Active wartime or campaign badge veteran** (served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized).
- Armed Forces services medal veteran** (who, while on active duty in the US military, ground, naval or air service, participated in a US military operation for which a medal was awarded pursuant to Executive Order 12985 (61 FR 1209)).

E. Voluntary Self-Identification of Disability

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

OMS Control Number 1250-0005
Expires 1/31/2017

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.¹ 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.

¹ 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.

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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Epilepsy
- Muscular dystrophy
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require 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 alternate format, using a sign language interpreter, or using specialized equipment.