

Employment Application

Requisition #:	Application Date:
Job Title:	

Applicant Information

Full Name: _____ UFID: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit # City State Zip Code

Phone: _____ Email: _____

Have you ever worked at the University of Florida or another state of Florida Agency? YES NO
 Do you have any relative/family members working at the University of Florida? YES NO

YES NO *(Answer is used to comply with the University's policy on nepotism and does not provide preference in hiring.)*

Are you presently eligible to work in the United States? YES NO
 If yes, indicate names & department

YES NO

If you are a male between the ages of 18 – 25, are you registered for selective service?

YES NO N/A Does anyone living with you (family, friend, partner, renter, etc.) work at the University of Florida? YES NO

(Answer is used to comply with the University's policy on nepotism and does not provide preference in hiring.)

If yes, indicate names & department

Have you ever completed a rollover, received a pension payment, or received a distribution/withdrawal from any State of Florida administered retirement plan (e.g. FRS Pension Plan, FRS Investment Plan, SUSORP or CCORP)?

YES NO

*If yes, please provide the date of your initial pension payment or rollover/distribution/withdrawal.

You are still eligible to be considered for employment but may not be eligible to participate or renew membership in a State of Florida retirement plan if you are rehired by an FRS-covered employer. Please refer to <https://www.myfrs.com/pdf/forms/cert.pdf> page 2 for additional information.

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Employment Experience (Begin with most recent)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Agreement

I certify that my application for employment is true and complete to the best of my knowledge and that all materials provided in support of my application are a complete and accurate description of my work experience, education, and background. I understand that any false statements or omissions made by me on this form, my application, or any supplementary or subsequently submitted materials may be grounds for disqualification from any employment opportunities at the University of Florida or its affiliated organizations. I authorize and release the University of Florida to verify all information submitted in support of my application for employment. I further acknowledge that should I be selected for hire, I will be required to provide additional information including but not limited to current and pending funding, professional affiliations, and related professional activities. I understand that UF Human Resources collects social security numbers in compliance with federal and state laws for employment verification and certain benefits providers. For information, please visit <https://privacy.ufl.edu/privacy/social-security-number-privacy/>

I understand that all employees of the University are required to report each existing outside activity or financial interest and potential conflicts of interests and are subject to obtaining approval of these activities from the Office of Conflict of Interest. A conflict exists when outside activity or financial interest could potentially interfere with professional obligations to the University. To learn about conflicts of interest, visit <https://coi.ufl.edu>.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Print Applicant's Name

Applicant's Signature

Date

The University of Florida is an Equal Employment Opportunity Employer. With appropriate notice, reasonable accommodations will be made in the employment process for individuals with disabilities.

Voluntary Demographic Data

Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Disclosed
Are you Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed
Race:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Disclosed
<i>*If you have identified yourself as Hispanic or Latino, you are not required to select an additional category.</i>	

Voluntary Self Identification of Protected Veteran Status

This employer 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please check one of the boxes below:

- I identify as one or more of the classifications of protected veteran listed above.
- I am not a protected veteran.

Voluntary Self Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 4/30/2026
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Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do I know if I have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability.

Disabilities include, but are not limited to:

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not 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.

Applicant's Name

Date

Application Notice

E-Verify Notice

University of Florida is a participant of the E-Verify program. This is a federal program requires federal contractors to verify an employee's eligibility to be employed in U.S. through an internet-based system administered by the Department of Homeland Security (DHS) partnering with the Social Security Administration (SSA). Additional information about UF's participation in E-Verify or free electronic posters can be found at www.hr.ufl.edu/recruitment/everify.

Disclosure of Campus Security Policy and Campus Crime Statistics

In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, the university makes available to prospective employees its annual security and fire safety report.

The report includes statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus buildings or property owned or controlled by the University of Florida, and on public property within or immediately adjacent to and accessible from the UF campus. It also includes institutional policies concerning campus security such as policies regarding alcohol and drug use, crime prevention, sexual assault, the reporting of crimes, and other personal and property safety issues. The report is available for review by accessing the University of Florida Police Department website at <https://publicsafety.ufl.edu/clery/>. Hard copy requests may be made by e-mail to upinfo@admin.ufl.edu, or by mail to University of Florida Police Department, P.O. Box 112150, Gainesville, FL 32611-2150.