

Requisition #:	Application Date:
Job Title:	

## Applicant Information

Full Name: \_\_\_\_\_ UFID: \_\_\_\_\_  
LastFirstM.I.

Address: \_\_\_\_\_  
Street AddressApartment/Unit #CityStateZip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever worked at the University of Florida or another state of Florida Agency?    YES    NO            Do you have a relative or a person living in the same household employed at the University of Florida?    YES    NO       

Are you presently eligible to work in the United States?    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:

If you are a male between the ages of 18 – 26, are you registered for selective service?    YES    NO       

\_\_\_\_\_

## Education

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES    NO            Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES    NO            Degree: \_\_\_\_\_

Other 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 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 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 supervisor for a reference? YES NO

## Criminal History

Have you ever been convicted of a crime, pled guilty or no contest to a crime, had adjudication withheld and/or prosecution deferred, Driving Under the Influence, Driving while Intoxicated or other traffic convictions?

If **NO**, please write "NA". If **YES**, please give exact dates and details:

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## Agreement

I authorize and release the University of Florida to verify all information submitted in support of my application for employment, including but not limited to my application and resume. I certify that the application and/or resume submitted 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, my resume, or any supplementary or subsequently submitted materials may be grounds for immediate discipline, up to and including discharge as well as disqualification from any further employment opportunities at the University of Florida or its affiliated organizations.

I agree to promptly disclose any criminal actions that may occur AFTER completing this application and while employed at the University of Florida. I further understand and agree that failure to completely disclose this information in the future to my supervisor and the Office of Human Resource Services, Employee Relations department within five (5) days of the action is just cause for my immediate dismissal from any employment at the University of Florida and removal from active consideration as an applicant for any position.

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 1/31/2020  
Page 1 of 2

### 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
- Impairments requiring the use of a wheelchair
- Post-traumatic Stress Disorder (PTSD)
- Deafness
- Cancer
- Missing limbs or partially missing limbs
- Bipolar Disorder
- Cerebral Palsy
- Epilepsy
- Diabetes
- Intellectual disability (previously called mental retardation)
- Autism
- HIV/AIDS
- Schizophrenia
- Major Depression
- Multiple Sclerosis (MS)
- Obsessive Compulsive Disorder
- Muscular Dystrophy

**Please check one of the boxes below:**

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- I don't wish to answer

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

## Voluntary Self Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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## Reasonable Accommodation Notice

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.

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i 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](http://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.

## 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](http://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 <http://www.police.ufl.edu/misc/together.asp>. Hard copy requests may be made by e-mail to [updinfo@admin.ufl.edu](mailto:updinfo@admin.ufl.edu), or by mail to University of Florida Police Department, P.O. Box 112150, Gainesville, FL 32611-2150.