

**THE UNIVERSITY OF TEXAS OF THE PERMIAN BASIN  
EQUAL EMPLOYMENT OPPORTUNITY  
INFORMATION REQUEST  
AA2**

Name of Applicant/Employee: \_\_\_\_\_ Date Received: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Name of Department or Area: \_\_\_\_\_

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**TO THE APPLICANT:**

The University of Texas of the Permian Basin is required by Federal law to request and maintain data on the racial/ethnic and sex identity and disability and veteran status of all applicants for employment. The data provides The University and the Federal government with information necessary to monitor The University's compliance with Equal Employment Opportunity requirements.

Please complete this form and return to Human Resources/EEO Office. Submission of the information requested is voluntary and failure to provide it will not subject you to adverse treatment. *NOTE:* This form will *not* be kept with your application. Additional application materials should not be sent with this form, but sent directly to the department to which you have applied.

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE

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**ETHNICITY AND RACE:**

Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)  Yes  No

Please select the racial category or categories with which you are most closely identified. Check as many as apply.

\_\_\_\_\_ Black

\_\_\_\_\_ American Indian, Native American or Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islanders

\_\_\_\_\_ White

**CITIZENSHIP:**

\_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Non-U.S. Citizen, Permanent Resident \_\_\_\_\_ Non-U.S. Citizen, Non-Permanent Resident

\*If non-U.S. citizen, indicate country of present citizenship: \_\_\_\_\_

**DISABLED AND VETERAN STATUS:**

\_\_\_\_\_ *Disabled.* "Individual with a disability" means any individual who has a physical or mental impairment which substantially limits one or more major life activities, has a record of, or is regarded as having such impairment.

\_\_\_\_\_ *Special Disabled Veteran.* Any veteran who (a) is entitled to compensation by the Veteran's administration for a disability rated at 30 percent or more, or (b) was discharged or released from active duty by reason of service-connected disability.

\_\_\_\_\_ *Veteran Era Veteran.* Any veteran of the armed services who (a) served on active duty for at least 181 days, any part of which occurred between August 5, 1964 and May 7, 1975.

**HOW DID YOU LEARN OF THIS POSITION OPENING? (check one)**

\_\_\_\_\_ Professional Journal - please specify \_\_\_\_\_

\_\_\_\_\_ Chronicle of Higher Education

\_\_\_\_\_ External Notice/Posting outside of The University of Texas of the Permian Basin

\_\_\_\_\_ Internal University Notice/Posting

\_\_\_\_\_ Personal Contact by U.T. Permian Basin employee (including referral and nomination)

\_\_\_\_\_ Newspaper -- please specify \_\_\_\_\_

\_\_\_\_\_ Internet, www - Electronic Source \_\_\_\_\_

\_\_\_\_\_ Other - please specify \_\_\_\_\_