

East Central University
Ada, OK 74820
Equal Opportunity Applicant Data Form

NOTE: Submission of this information is VOLUNTARY AND WILL NOT BE USED IN THE CONSIDERATION OF YOUR APPLICATION. The information is processed by the Equal Opportunity Office.

Please provide the following information:

| | | |
|---|-------------|-----------------|
| Last Name: | First Name: | Middle Initial: |
| Position applied for: | | |
| Where did you hear about the advertised position? | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Ethnicity/Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black/African-American (not of Hispanic origin) <input type="checkbox"/> Hispanic (persons of Spanish culture or origin, regardless of race) <input type="checkbox"/> White (not of Hispanic origin) | | |
| Citizenship: <input type="checkbox"/> R Resident Foreign National. An alien who has been admitted for permanent residence (must have Alien Registration Card, Form 1-151) <input type="checkbox"/> N Non-Resident Foreign National. An alien admitted temporarily for specific purposes and periods of time, REQUIRED: Indicate Visa Type: _____ <input type="checkbox"/> C U. S. Citizen | | |
| *For Veterans Only: Do you qualify as a Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No (Any veteran of the armed services who served on active duty for at least 181 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged honorably or released sooner because of a service-related disability.) Are you considered a disabled veteran by the U. S. Veterans Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No (Any person entitled to compensation by the Veterans Administration for a disability rated at 30 percent or more, or who was discharged or released from active duty by reason of service-connected disability.) Do you wish to declare yourself as qualifying for reasonable accommodations as provided for by the Americans with Disabilities Act? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Equal Opportunity

EAST CENTRAL UNIVERSITY, ADA, OK
Mandatory Disclosure to Employment Applicant

I hereby authorize East Central University (ECU) to contact any and all corporations, former employers, educational institutions, law enforcement agencies and military services to release information about my background including, but not limited to, information about my employment, education, driving record, criminal record and general public records history to East Central University. I make this authorization in return for ECU's consideration for me for employment.

I release from liability all persons, companies and schools supplying such information. I indemnify East Central University against any liability, which may result from making such requests. If I am employed, this release shall remain in effect for the length of my employment. A copy of this form will serve as authorization to release information requested.

I believe, to the best of my knowledge, that all information I have provided is accurate, true and correct, and that I fully understand the terms of this release.

I agree that a copy or fax of this document shall be as valid as the original.

Name (please print): _____

Other names used (please print): _____

Address: _____

City/State/Zip: _____

Have you ever worked for East Central University? Yes No If so, when? _____

*Signature of Applicant: _____ Date: _____

**This form is incomplete if it is not signed. Any and all incomplete application materials can cause a delay in the application process. Return this form and all required application materials to the Employment Services Office, via email (i.e., a scanned copy) to es@ecok.edu, via fax (580)559-5484, or via ECU's mailing address at 1100 E. 14th St., Ada, OK, 74820.*