East Central University

Affirmative Action Office Ada, OK 74820 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 Affirmative Action Office and is used exclusively as provided by law for compliance purposes. The individuals participating in the selection process have no access to the information provided on this form.

Please provide the following information:

Last Name:	First Name:	Middle Initial:
Position applied for:		
Where did you hear about the advertised position?		
Gender: Male Female		
Ethnicity/Race: American Indian or Alaskan Native Asian or Pacific Islander Black/African-American (not of Hispan Hispanic (persons of Spanish culture on White (not of Hispanic origin)		
Registration Card, Form 1-151)	ien who has been admitted for permanent r	
*For Veterans Only: Do you qualify as a Vietnam Era Veteran? Yes No (Any veteran of the armed services who served on a 1964, and May 7, 1975, and was discharged honoral.)	ably or released sooner because of a service	
Are you considered a disabled veteran by the U. S. Yes No (Any person entitled to compensation by the Vetera discharged or released from active duty by reason or	ns Administration for a disability rated at	30 percent or more, or who was
Do you wish to declare yourself as qualifying for react? ☐ Yes ☐ No	easonable accommodations as provided for	by the Americans with Disabilities

An Equal Opportunity/Affirmative Action Employer

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 (Attn: Dana Collins, Director), or via ECU's mailing address at 1100 E. 14th St., Ada, OK, 74820.