

PART B: ACADEMIC AND PROFESSIONAL

EDUCATION	NAME AND LOCATION OF SCHOOL	DATES FROM - TO	No. of years & credit Hours completed	Major	Type of Degree

Title of Master's Thesis: _____

Advisor: _____

Title of Doctoral Dissertation: _____

Advisor: _____

If doctorate has not been awarded, give time spent and number of credits received beyond the master's degree. If you expect to receive the doctorate shortly, give the approximate date.

List titles of publications, giving journal or magazine publishers, dates and recognition. If performing artist, cite exhibitions and/or performances. Use additional sheets, if necessary: label Part B-5.

List honors, awards and distinctions that you have received. Cite dates.

List affiliation with professional and educational societies and offices held (including dates). Exclude organization, the name of character of which indicates the race, creed, color or national origin of its members. DO NOT USE ACRONYMS.

Have you ever been expelled or suspended from an educational institution? YES _____ NO _____. If yes, please explain.

APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if I am employed and it is found to be false in any way, that I may be subject to dismissal. I authorize the use of information in this application to enable Bowie State University to verify my statements, and I authorize the past employers, all references, and other persons to answer all questions asked by the University concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information

DATE: _____

SIGNATURE: _____

Please Note:

The information you give will be used to evaluate your qualifications and experience. You may enclose your vitae, if available, with the application. After notification of your appointment, you must request the schools attended to send an official transcripts of your record to the **Provost and Vice President for Academic Affairs, Bowie State University, Bowie, MD 20715**. If you have filed a Teacher Placement form with a graduate school, please have that institution send the form as quickly as possible to the Provost and Vice President of Academic Affairs.

Bowie State University is an equal opportunity/affirmative action employer. The University administers its programs, practices and procedures without regard to race, color, ancestry or national origin, disability, religion, age, sex (including pregnancy), marital status, sexual orientation, genetic information, gender identity/expression, covered veteran status or any other basis protected by federal or Maryland state law, as well as the University's non-discrimination policy.

BOWIE STATE UNIVERSITY
Affirmative Action Program
CONFIDENTIAL VOLUNTARY APPLICANT DATA FORM

Last Name	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Position Applying For:		

TO THE APPLICANT: 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.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)	<input type="checkbox"/> Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)	<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.)
<input type="checkbox"/> Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)	<input type="checkbox"/> White/Caucasian (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
How did you hear about this vacancy:	
<input type="checkbox"/> Newspapers/Chronicle of Higher Education	<input type="checkbox"/> Other State Agency (please specify):
<input type="checkbox"/> Website (please specify):	<input type="checkbox"/> BSU Office of Human Resources
<input type="checkbox"/> Maryland Workforce Exchange	<input type="checkbox"/> Other (please specify):
<i>EEO-1 Job Category (to be completed by the EEO/AA Officer):</i> _____	

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

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.¹ 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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

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.

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.

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.