



Equal Opportunity & Outreach
Phone: 978-934-3565
Fax: 978-934-3032
Email: Equal_Opportunity@uml.edu

Invitation to Self-Identify

Dear Applicant:

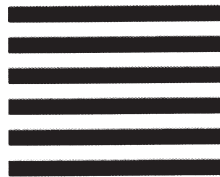
Thank you for your application to the University of Massachusetts Lowell.

Equal Opportunity & Outreach requests that you complete the following information to assist us in maintaining records of applicant data. We provide all applicants this opportunity so that we may evaluate the success of our diversity recruitment efforts. This also allows us to remain compliant with federal and state laws. However, completion of this form is voluntary. The University of Massachusetts Lowell is an Equal Opportunity/Affirmative Action Title IX, H/V, ADA 1990 Employer.

To return your confidential postage paid response, fold and tape with clear tape before mailing. Please contact us if you any questions or concerns. *Thank you for your cooperation.*



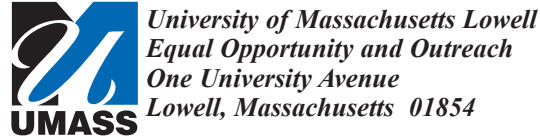
*University of Massachusetts Lowell
Equal Opportunity and Outreach
One University Avenue
Lowell, Massachusetts 01854*



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 771 LOWELL, MA
POSTAGE WILL BE PAID BY ADDRESSEE





Applicant Data - Optional

Declining to respond will not affect your application. Any information that you provide will be held in strict confidence in Equal Opportunity & Outreach and will not be distributed to hiring officials. It will be handled in accordance with Executive Order 11246, the Veteran's Readjustment Assistance Act, the Veteran's Opportunities Act, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act.

Name: _____ **Gender:** Male Female
Name of Position Applied for: _____
Job Reference Number: _____

Guard or Reserves Status: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: <input type="checkbox"/> Active reserve / guard <input type="checkbox"/> Inactive reserve / guard	Veteran's Status: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Other Eligible Veteran <input type="checkbox"/> Retired Veteran <input type="checkbox"/> Special Disabled Veteran	Age 40 or over: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic Category: <u>Please check only one box.</u> <input type="checkbox"/> Hispanic or Latino, Regardless of Race: All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin ALL OTHER CATEGORIES NOT HISPANIC OR LATINO: <input type="checkbox"/> Two or More Races <input type="checkbox"/> American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition <input type="checkbox"/> Black or African American: Persons having origins in any of the Black racial groups in Africa <input type="checkbox"/> White: Persons of Canadian, German, Italian, Polish, and other similar descent <input type="checkbox"/> Asian: Persons of Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and other similar descent <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Persons of Native Hawaiian, Guamanian, Chamorro, Samoan, and other similar descent		
Please identify the primary source for how you learned of this position vacancy: <input type="checkbox"/> Newspaper <input type="checkbox"/> Professional Journal <input type="checkbox"/> Personal Contact <input type="checkbox"/> Internet <input type="checkbox"/> Other For source checked, please specify (e.g., Boston Globe, Lowell Sun, UMass Lowell website):		

Please fold in and tape this edge (using clear tape) to cover your response. Thank you.