SELF-IDENTIFICATION OF DISABLED INDIVIDUALS

The Research Foundation of State University of New York is a government contractor subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, which requires government contractors to take affirmative action and provide equal opportunity to employ and advance in employment qualified disabled individuals.

Under these laws, a disabled individual is defined as “any person who

(1) has a physical or mental impairment which substantially limits one or more of such person's major life activities;

(2) has a record of such impairment, or

(3) is regarded as having such impairment.” A disabled individual is “substantially limited” if he or she is likely to experience difficult in securing, retaining, or advancing in employment because of a disability.

If you have such a disability and would like to be considered under the Foundation's Affirmative Action Program, you invited to identify yourself by completing the bottom of this form. You should also refer to the reverse side to this form to determine the categories under which you may qualify. Submission of this information is voluntary, and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning an individual's medical condition or history shall be kept confidential, except that

(1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and regarding necessary accommodations,

(2) first aid and safety personnel may be informed, where appropriate, if the condition might require emergency treatment, and

(3) government officials investigating compliance with the law shall be provided relevant information upon request.

If you are disabled, we would like to include you under our Affirmative Action Program. It would assist us if you tell us about:

(1) Any special methods, skills, and procedures that qualify you for positions that you might not otherwise be able to do because of your disability, so that you will be considered for any position of that kind, and

(2) The accommodations which we could make that would enable you perform the job properly and safely, including special equipment, changes in physical layout of the job, or other accommodations.

This information may be contained on the reverse side of this form.

__________________________________________  __________________________________________
Title of Position Applied For or Held               Signature

__________________________________________
Position No.                                      

__________________________________________
Date                                               Address
Identification of Disability

The following categories of disability may qualify you for protected status under the Research Foundation's Affirmative Action Program:

1. Blindness/visual impairment
2. Deafness/hearing impairment
3. Orthopedic impairment
4. Physiological disorder
5. Mental disorder
6. Nervous system disorder
7. Respiratory related impairment
8. Loss of limb(s)
9. Other (specify)