

## APPENDIX 22 INVITATION TO SELF-IDENTIFY

RETURN TO THE AFFIRMATIVE ACTION OFFICE  
214 Anderson Hall  
Kansas State University  
Manhattan, KS 66506

AA-1  
APPENDIX 22

Federal and State laws and regulations require Kansas State University to invite applicants to voluntarily self identify. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided on this form will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, the Americans with Disabilities Act, and Executive Order 11246. It will not be included in your application or personnel file. The information is considered confidential and will be used by the Office of Affirmative Action for the purpose of establishing protection under the law, determining appropriate accommodations, administering first aid, and compliance with laws and regulations. The information will be protected against misuse by others.

Name: \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_

1. GENDER  
\_\_\_\_ Male \_\_\_\_\_ Female

2. RACE/ETHNICITY  
Please check one word below which best describes your racial or ethnic group:  
\_\_\_\_ White \_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_ Black \_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_ Hispanic

3. DISABILITY  
A. A handicap or disability means any physical or mental impairment, which causes you difficulty in securing, retaining, or advancing in employment. Please check one word below which best describes your disability, if any:  
\_\_\_\_ Visual \_\_\_\_\_ Developmental  
\_\_\_\_ Hearing \_\_\_\_\_ Other (please describe)  
\_\_\_\_ Speech \_\_\_\_\_ None  
\_\_\_\_ Physical

- B. Please indicate whether you will need special accommodations during the interview process.  
\_\_\_\_ Yes \_\_\_\_ No If yes, please describe:  
\_\_\_\_\_

4. VETERAN STATUS

- A. Are you a disabled veteran? \_\_\_\_ Yes \_\_\_\_ No
- B. Are you a Vietnam Era Veteran (between August , 1964, and May 7, 1975)?  
\_\_\_\_ Yes \_\_\_\_ No If yes, date of discharge?

Signature: \_\_\_\_\_