

Exhibit F: Employment Application item 3) a) i)

Application form - General Application form
Note: All applications must be submitted online.
This application form is intended for research purposes only.

To upload a file:

1. Click 'Browse...' and select the file from your computer.
2. Click 'Upload' to send the resume to us, this may take a few minutes depending on the speed of your internet connection.

To delete a file that you have uploaded, click 'Delete'.

Please attach your Resume or Curriculum Vitae (CV). *

(File upload facility available online)

Please attach your Cover Letter (optional).

(File upload facility available online)

Will you be able to provide proof of your identity and employment eligibility if you are hired?*

Yes

No

If you have an EKU ID, please enter it here.

Are you considered an internal employee as defined: current full-time-benefited or part-time-benefited regular EKU staff member, full-time-benefited EKU faculty member, graduates of EKU within one year of graduation, current temporary employee with at least 6 months of satisfactory service, and/or current part-time/adjunct faculty?*

Yes

No

Have you ever been previously employed by Eastern Kentucky University?*

Yes

No

Only answer this question if you answered "Yes" to *Have you ever been previously employed by Eastern Kentucky University?* above:

If yes, give your full name when employed, date(s) of employment, and department(s).

Are you actively employed by any agency that participates in the Kentucky Retirement System (KTRS, KPPA (KERS), CERS or SPRS)?*

Yes

No

I do not know

Do you have any relative(s) currently employed by Eastern Kentucky University?

Yes

No

Only answer this question if you answered "Yes" to *Do you have any relative(s) currently employed by Eastern Kentucky University?* above:

If yes, please provide their name, relationship, and department where they work.

Do you now or will you in the future require sponsorship to work in the United States?*

No

Yes

Emergency Contact First Name*

Emergency Contact Last Name*

Emergency Contact Phone Number*

Detail your education history:

Please list any current certifications or additional licenses you have, that support your qualifications for this position. If you do not have any, enter N/A.

Detail your employment history:

Salary

Current Salary:

Expected Salary:

Additional Demographic Questions

As part of our commitment to equal employment opportunity efforts, our institution conducts a survey of all job applicants. Submission of this information is entirely voluntary, and its contents are confidential to Human Resources. We do, however, appreciate your assistance and ask that you complete the following section.

You may choose to "Not Disclosed" if you do not wish to provide the information.

US Citizenship Status*

US Citizen Non Citizen

Permanent Resident Not Disclosed

Gender*

Male Female

Not Disclosed

Gender Designation
(Optional)

Agender Cisgender

Female Male

Non-Binary Not Listed

Transgender Not Disclosed

Personal Pronouns
(Optional)

He/Him/His She/Her/Hers

They/Them/Theirs Ze/Zie/Hirs

Other

Race Category Please mark the box(es) that describe the race/ethnicity category with which you identify (mark all that apply).*

American Indian or Alaska Native Asian

- Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Not Disclosed
 Yes
 No
 Not Disclosed

Are you Hispanic or Latino?

Click for [Category Definitions](#). *

Pre-Offer Voluntary Self-Identification of Protected Veteran Status

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:

1. 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.
2. 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.
3. 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.
4. 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.*

- Not a Veteran
 I IDENTIFY AS ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
 i AM A PROTECTED VETERAN
 I AM NOT A PROTECTED VETERAN

If you are a veteran please enter your discharge date.

Please enter your social security number.*

Please enter your date of birth*

Voluntary Self-Identification of Disability

Name

Date

Employee ID
(If applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- I DON'T WISH TO ANSWER

- NO, I DON'T HAVE A DISABILITY

*

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005
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Page 2 of 2

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.

I certify that all answers to the questions in my application and the supplemental questions and the information contained in my resume and other attached documents, if any, are true. I further understand that any false or misleading statement and/or omissions in this application and the supplemental questions and the information contained in my resume and other attached documents, if any, will be sufficient grounds for rejection of the application for current and other postings and/or termination of employment.

I understand for the type of employment for which I have applied, state law requires a state and national criminal history background check as a condition of employment. I also understand if I'm offered a position, I'm required to pass this pre-employment background check, which could include motor vehicle records, if necessary, to Eastern Kentucky University's satisfaction. I understand should I receive any offer of employment, I will be required to provide personal information required to complete the pre-employment background check including my accurate social security number, driver's license number, current address and date of birth. Failure to provide this information when requested will result in the withdrawal of any employment offer.

I authorize Eastern Kentucky University and any agent of its choice to make any and all investigations to verify the information contained herein, including criminal records, educational credentials, and work experience. I consent to the release of any information maintained about me by all previous and current employers, educational institutions, law enforcement authorities, courts, licensing board or any other entity, agency, or individual which Eastern Kentucky University or its agents may contact to secure references or records I release Eastern Kentucky University and its agents from any liability for conducting such investigation and/or records check. I understand that all information provided shall become the sole property of Eastern Kentucky University and may be used to determine my eligibility for employment, or further released to any others in accordance with applicable law.

I understand that, prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility shall result in immediate termination of employment and/or offer or employment.

I certify that I have read and agree with these statements.

Agree

Please enter your initials to verify your identity.

Your Initials