Florida Atlantic University
USPS/OPS EMPLOYMENT APPLICATION

Mailing Address:
Florida Atlantic University
Personnel Services
P.O. Box 3091
Boca Raton, FL 33431-0991

Phone: 561-297-3058 (Voice or TTY)
Jobline: 561-297-3506
TDD: 561-297-2619

Job Vacancy Web Site:  http://personnel.fau.edu/Employment/Jobs/

Equal Opportunity / Equal Access Institution

FORT LAUDERDALE CAMPUS
220 S.E. 2nd Avenue
Fort Lauderdale, FL 33301
Telephone: 954-762-5686

DAVIE CAMPUS
2912 College Avenue
Davie, FL 33314
Telephone: 954-236-1245

SEATECH
101 North Ocean Boulevard
Dania Beach, FL 33004
Telephone: 561-924-7000

COMMERCIAL CAMPUS
1515 West Commercial Boulevard
Fort Lauderdale, FL 33309
Telephone: 954-229-4140

JOHN D. MacARTHUR CAMPUS
5353 Parkside Drive
Jupiter, FL 33458
Telephone: 561-799-8500

TREASURE COAST
500 N.W. University Boulevard
Port St. Lucie, FL 34986
Telephone: 561-785-9970

PINE JOG ENVIRONMENTAL CENTER
6301 Summit Boulevard
West Palm Beach, FL 33415
Telephone: 561-686-6600

BOCA RATON CAMPUS
777 Glades Road
Boca Raton, FL 33431-0991
Telephone: 561-297-3000
WHEN APPLYING FOR OPEN POSITION, PLEASE REMEMBER TO:

USPS/OPS Applicants:

Complete a Florida Atlantic University Application packet. All forms enclosed in the application packet must be completed and received at Florida Atlantic University by 5:00 p.m. on the deadline date of the position. This includes application packets sent by campus mail, the US Postal Service, and other overnight couriers. The original completed and signed application packet must be submitted to the FAU Employment Office in Boca Raton. Application packets are maintained at the Employment Office for one year.

The Employment Office does not accept applications by fax.

Supporting documents, such as resumes, letters of reference, etc., may be submitted, however they are considered supplemental to the application packet.

SECRETARIAL Applicants:

If you are interested in a secretarial position, you may be required to take and pass a typing test with a score of at least 35 CWPM on or before the deadline date for the position of interest. The typing test requirement will be noted in the position posting under position requirements.

Typing tests are given Monday through Friday between 9:00 a.m. – 4:00 p.m. at the Boca Raton Campus and by appointment only at the Fort Lauderdale Campus, Davie Campus and John D. MacArthur Campus.
WELCOME to the Employment Office, Department of Personnel Services, Florida Atlantic University. This sheet contains information about the application process and significant policies and procedures relative to employment. Please note that applications are accepted for current vacancies only.

APPLICATION PROCESS

1. Please read the instructions and complete and sign the employment application and other forms given to you by the Employment Assistant. Please include complete mailing addresses for all education and prior employment listed. Incomplete applications will be returned. Applicants with education outside of the United States must present their original high school and/or college diplomas. Education earned outside of the United States must equate to U.S. educational standards. Diplomas in a foreign language must be translated to English and credentials evaluated by an accredited institution. If you did not receive a High School diploma, you must provide proof of the highest grade completed. Please speak with an Employment Representative if further explanation is required.

2. Your application must include ALL periods of employment, ALL periods of unemployment, and periods when you were attending school. Include dates of previous employment by month and year. If you have worked as a volunteer, intern or part-time employee, please include the number of hours worked per week. This information will help us evaluate your eligibility for referral based on the positions you seek for consideration. Please ask the Employment Assistant for an application addendum if additional space is needed for employment history. You must fill out the "Job Duties" space on the application as "See Resume" is not acceptable.

3. You may complete this application form at the FAU Employment Office. If you desire to take the application home with you for completion, please ask for a return envelope if you plan to return the application by mail.

4. Please understand that all applicants for USPS and OPS positions are required to complete this application form. Resumes and letters of recommendation are welcome, however, are considered supplemental to the Employment Application.

5. SECRETARIAL AND TYPIST APPLICANTS: Many secretarial or typist positions require you to take and pass a typing test before your application will be considered for any secretarial or typist position. Review position requirements and deadline date as you must pass the typing test with a minimum of 35 CWPM before 5:00 pm on the deadline date. Typing tests are given at the Boca Campus, Mondays thru Fridays between 9 a.m. and 4 p.m., Fort Lauderdale Campus, Davie Campus, and John D. MacArthur Campus by appointment only. If you are mailing your application, please call 561-297-3058 (Voice/TTY) to let our office know which day to expect you for the typing test.

6. Applications are maintained for one year. You may update your application at any time during that year. Duplicate applications are not necessary. If you are mailing or hand-delivering an application, it must be received at Florida Atlantic University by 5:00 pm on the designated deadline date. Applications cannot be submitted by fax.

7. EDUCATION VERIFICATION AND WORK HISTORY REFERENCES: Continuing employment is contingent upon required education and work experience being verified and also upon positive work references being obtained by the hiring department.

8. EMPLOYMENT BY TWO OR MORE STATE AGENCIES AT THE SAME TIME NORMALLY IS NOT PERMITTED. SOME DUAL EMPLOYMENT WITHIN THIS UNIVERSITY IS NOT PERMITTED: If you are employed by another state agency or a University department and intend to continue any of this employment, let the Employment Assistant know. You will need approval to continue such employment prior to being employed at this University or another department at this University.

9. OUTSIDE EMPLOYMENT: If you are employed by a private employer or are self-employed at the time you begin employment with the University and you plan to continue that employment or obtain employment with a private employer or engage in any self-employment activity in addition to your University employment, you are required to report such employment to your supervisor immediately.

Equal Opportunity/Equal Access Institution
EMPLOYMENT POLICIES AND PROCEDURES

1. All vacant positions, except those approved for open posting, are posted at least seven calendar days. Application deadlines are posted per position. Applicant referrals are not processed until after the application deadline has expired.

2. Each applicant is assured equal employment opportunity without regard to race, color, sex, religion, creed, national origin, age, disability, political opinions or affiliations. Florida Atlantic University complies with the requirements of Veterans Preference and the Americans with Disabilities Act.

3. It is the policy of Florida Atlantic University that all employees with the exception of student employees establish direct deposit with a financial institution for the purpose of payment of salaries, and other payments that may apply. Authorization must be obtained from each employee in writing or electronically per the guidelines established in Florida Statute 668.50. All authorizations remain in effect until withdrawn. Account information is confidential and not subject to current Sunshine Laws.

   All specified employees should use direct deposit unless otherwise exempted under this policy.

4. The State of Florida requires all employees to sign a loyalty oath prior to employment. Employees in certain classifications must be fingerprinted and/or undergo a criminal background investigation. All new employees must undergo a criminal background investigation.

5. The Military Service Act requires that males between the ages of 18 and 26 (except aliens legally admitted as non-immigrants) must provide proof of registration in order to be eligible for employment. Such applicants must provide a copy of either a Registration Acknowledgment Card or letter from the Selective Service System.

6. All applicants selected for employment must complete and sign U.S. Government Form I-9 and provide documents proving their identity and employment eligibility as specified by the Immigration Reform and Control Act of 1986.

7. ALL REGULARLY APPOINTED USPS EMPLOYEES SERVE A 6-MONTH PROBATIONARY PERIOD, EXCEPT FOR LAW ENFORCEMENT OFFICERS, WHO SERVE A 12-MONTH PROBATIONARY PERIOD. Regular status in a class is attained when an employee completes the probationary period with at least an “achieves” rating on a probationary performance review.

8. Individuals transferring from USPS, Administrative and Professional, or Faculty positions at other state agencies must provide to the Employment Office a copy of their Employee Data Transfer Report to insure continued uninterrupted coverage of state health and life insurance.

9. Individuals are expected to give at least a two (2) week notice of resignation to the University.

Your signature is required for participation in the application process and certifies that you have read this document in its entirety. Please sign below and maintain this page with the application package.

______________________________  __________________________
Signature                                      Date

Equal Opportunity/Equal Access Institution
APPLICATION FOR EMPLOYMENT

RETURN APPLICATION TO:
Employment Office
Florida Atlantic University
Administration Building, Room 102
P.O. Box 3091
Boca Raton, Florida 33431-0991
OFFICE HOURS:
Monday – Friday
8 a.m. – 5 p.m.

Please Print or Type – USE BLACK OR BLUE INK ONLY

IDENTIFICATION
Name: First ___________________________ Middle Initial: __________ Last: ___________________________
Prefix: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Other ______ Maiden Name or Other: ___________________________

MILITARY SERVICE RECORD
If you are a male between the ages of 18 and 26, are you registered with the Selective Service? ☐ Yes ☐ No
Are you claiming Veterans' preference under Florida law? ☐ Yes ☐ No If yes, please complete the appropriate section of
this application addendum and provide your original Form DD 214 as a condition of employment.

Branch of Service: __________________ Date entered: _____ / _____ / _____ Date discharged: _____ / _____ / _____

Mo/ day / year Mo/ day / year

Final rank: ___________________________ *Type of discharge: ___________________________

*A response of "Dishonorable Discharge" will not necessarily bar you from employment. Each case will be judged on its own merit
with respect to time, circumstances, seriousness, and the positions(s) for which you are applying.

EDUCATION LEVEL
Please check the highest grade or degree completed (in order to choose B, you must have received your Bachelor's degree, etc.):
☐ 9 ☐ 10 ☐ 11 ☐ High School (H) ☐ GED (G) ☐ Associate of Arts (A) ☐ Associate of Science (C)
☐ Bachelors (B) ☐ Masters (M) ☐ Doctorate (D) ☐ Juris Doctor (L)

MAILING ADDRESS
E-Mail Address: ___________________________
Street: ___________________________
City: ___________________________ State: __________ Zip Code: __________ Country: ___________________________
Home phone number: ___________________________ Apt. # __________
Business phone number: ___________________________

CITIZENSHIP / EMPLOYMENT AUTHORIZATION
The Florida Atlantic University hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is
made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S. If you fail to provide
such proof of citizenship or authorization to work in the United States at the time of your employment, your offer of employment will be
rescinded immediately and be null and void.

EDUCATION
Student ID # ___________________________
High School / GED
Name and Address: ___________________________
Dates Attended: From _____ / _____ / _____ to _____ / _____ / _____
Mo/ day / year Mo/ day / year
Major Field: ☐ General ☐ College prep ☐ Commercial ☐ Industrial Arts ☐ Vocational

Equal Opportunity/Equal Access Institution
### EDUCATION (Continued)

Junior College, University or Graduate School:  
Address:  
Dates Attended: from ___/___/___ to ___/___/___  
Student ID #:  
Mo / day / year  Mo / day / year  
If degree received, list type:  
Field of Study (Major/Minor):  
Semester Hours:  
Quarter Hours:  

Junior College, University or Graduate School:  
Address:  
Dates Attended: from ___/___/___ to ___/___/___  
Student ID #:  
Mo / day / year  Mo / day / year  
If degree received, list type:  
Field of Study (Major/Minor):  
Semester Hours:  
Quarter Hours:  

Junior College, University or Graduate School:  
Address:  
Dates Attended: from ___/___/___ to ___/___/___  
Student ID #:  
Mo / day / year  Mo / day / year  
If degree received, list type:  
Field of Study (Major/Minor):  
Semester Hours:  
Quarter Hours:  

Other Education/Vocational Technical School:  
Address:  
Dates Attended: from ___/___/___ to ___/___/___  
Student ID #:  
Mo / day / year  Mo / day / year  
If degree received, list type:  
Field of Study (Major/Minor):  
Semester Hours:  
Quarter Hours:  

### EMPLOYMENT HISTORY

**May we contact your current employer?**  
Yes  
No  

Please list all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces. If military experience is to be used as experience, a copy of a completed form DD 214 must be attached. Also, include relevant voluntary and/or part-time work experience. Additional sheets are available, if necessary. Please Note: If information such as full address with zip codes and telephone numbers are not completed, application forms will be returned to you. If past employer is no longer in business, please state so on application.

Current or Last Employer:  
Dates of employment: Start ___/___/___ End ___/___/___ or, Currently there?  
Mo / day / year  Mo / day / year  
Job Title:  
Current/Ending Salary:  
Supervisor's name:  
Supervisor's Title:  
Number supervised:  
Mailing Address:  
City / State / Zip:  
Telephone Number:  
Extension:  
Please Check: full-time part-time  
Reason for leaving:  
Hours worked per week:  
Job duties:  

Other Employer: 

Dates of employment: Start ___/___/___ End ___/___/___

Job Title: ___________________________ Number supervised: ___________________________

Current/Ending Salary: ___________________________ or Hourly Rate: ___________________________

Supervisor's name: ___________________________ Supervisor's Title: ___________________________

Mailing Address: ___________________________

City / State / Zip: ___________________________

Telephone Number: ___________________________ Extension: ___________________________

Please Check: full-time part-time Hours worked per week:

Reason for leaving: ___________________________

Job duties: ___________________________

________________________
________________________

SKILLS / LICENSES / CERTIFICATIONS / EQUIPMENT SPECIALITY

Use this space to indicate any licensure, registration, certificate, skill, equipment specialty, computer knowledge, or fluency in languages: ___________________________

WORK PREFERENCES

Are you interested in _____ full-time _____ part-time employment? Earliest date to begin work ___/___/___

Desired minimum salary requirement: ___________________________ OPS positions only: ___________________________

Class titles and position numbers for which you are applying:

1. ___________________________ 3. ___________________________ 5. ___________________________

2. ___________________________ 4. ___________________________ 6. ___________________________

Are you interested in working at:

☐ Boca Raton ☐ Ft. Lauderdale Tower ☐ Davie ☐ Dania Beach-SeaTech ☐ MacArthur/Jupiter ☐ Port St. Lucie

☐ All locations

Shift desired: ☐ day ☐ evening ☐ night ☐ Permanent ☐ Temporary (until) ___/___/___

PERSONAL DATA

Have you ever submitted a FAU Employment Application? ☐ Yes ☐ No If yes, date submitted: __________

Have you ever worked at FAU or a university in the State University System or at a State of Florida agency? ☐ Yes ☐ No

If yes, when and at which university or agency?

Dates ___________________________ Where ___________________________

Do you have any relative(s) employed by Florida Atlantic University? ☐ Yes ☐ No

If yes, please provide name(s), relationship(s), and department(s) where employed: ___________________________

________________________
________________________
EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE* OR THE SPOUSE OR CHILD, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER 119.07, FLORIDA STATUTES? □ Yes □ No

*Other covered jobs include: correctional and correctional probation officer, firefighter, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [119.07.F.S.]

*IF YOU ARE UNCERTAIN HOW TO ANSWER ANY OF THE FOLLOWING QUESTIONS, PLEASE VERIFY YOUR ANSWER BEFORE COMPLETING AND SIGNING THIS FORM.

BACKGROUND INFORMATION Social Security #: 

HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A FELONY OR MISDEMEANOR? □ Yes □ No
If “YES”, what charges?

________________________________________________________________________________________________________________________________________________________

Where convicted? ____________________________ Date of Conviction: ____________________________

HAVE YOU EVER PLED "NOLO CONTENDERE," NO CONTEST OR ENTERED A SIMILAR DISPOSITION TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR? □ Yes □ No
If "YES", what charges?

________________________________________________________________________________________________________________________________________________________

Where? ____________________________ Date: ____________________________

HAVE YOU EVER BEEN PLACED ON PROBATION, ENROLLED IN A PRE TRIAL DIVERSION PROGRAM, HAD PROSECUTION DEFERRED OR HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A MISDEMEANOR? □ Yes □ No
If "YES", what charges?

________________________________________________________________________________________________________________________________________________________

Where? ____________________________ Date: ____________________________

Note: A "YES" answer to these questions will not automatically bar you for from consideration. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. Failure to answer truthfully will be grounds to refuse or terminate employment.

AUTHORIZATION AND CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentation to this Employment Application may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida Atlantic University for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachment are true, correct, complete, and made in good faith.

Signature: ____________________________ Date: ____________________________

Equal Opportunity/Equal Access Institution
FLORIDA ATLANTIC UNIVERSITY

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, ________________________________, the undersigned, hereby authorize Florida Atlantic University, or its authorized representative(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my juvenile or adult criminal justice, employment, military service, and/or education records including, but not limited to, academic achievement, attendance, personal history, and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is for the official use of aforementioned Florida Atlantic University.

I hereby release you, as the custodian of such records, and any governmental agency, educational institution, hospital or other repository of juvenile or adult criminal justice records, military records, consumer reporting agency, or retail business establishment, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

The information hereby obtained by the aforementioned Florida Atlantic University is to be used for the purpose of evaluating applicants for employment. This consent shall continue to be effective during my employment, if I am hired.

I understand, that if I am hired, I must provide to the University proof of my highest degree received within thirty (30) days of date of hire.

Note: The hiring process includes verification of employment and education. May we contact your current employer to verify employment? ______Yes ______No

I also understand and acknowledge that this authorization becomes effective on the date signed.

________________________________________  __________________________
Signature (full name)                        Date:

________________________________________
Maiden/other name used (Print), if applicable

________________________________________
Printed Name

Equal Opportunity/Equal Access Institution
FLORIDA ATLANTIC UNIVERSITY

VERIFICATION OF EDUCATION

You will be required to provide proof of your highest degree, and/or additional credit hours received, within thirty (30) days of accepting a position with Florida Atlantic University. You may provide a notarized copy of your diploma, or the educational institution may complete and return this form, or an official transcript, by mail or fax.

Last Name, First Name, Middle Initial (Print)

Student ID Number: __________________________

Signature

Last Name Enrolled Under

Dates Enrolled: From ________ To ________

Date

Name and Address of Institution Attended
(Highest Degree)

RETURN FORM TO:

Florida Atlantic University
Department of Personnel Services
Att: Employment Office
777 Glades Road
Boca Raton, FL 33431
FAX: (561) 297-2404

***************

REGISTRAR: Please complete the following information. We appreciate your cooperation.

Highest Degree/Diploma Received: __________________________ Date Awarded: __________________________

Total Number of Additional Credit Hours Earned (optional): __________________________

Major: __________________________

If degree or diploma was not awarded: Dates Attended From: ________ To: ________

Highest grade completed or class standing: __________________________

Name/Title of person submitting this information (print) __________________________ Telephone Number __________________________

Signature __________________________ Date __________________________
INSTRUCTIONS: Complete this form if you are claiming Veterans' preference. Print your name and social security number in the spaces provided. Check the appropriate block below and provide the additional information requested. You must complete both pages of this form. Before being given a preference, you will be required to submit documentation from the Department of Defense (DOD) or the Department of Veterans Affairs (DVA). Documentation substantiating your claim must be furnished at the time of application. The type of documentation required is listed next to each category. All documents specified must clearly indicate that they are copies of originals. Veterans' preference will be awarded to all qualified applicants for selection procedures taken and passed, providing all required documentation is submitted. Preference will not be awarded retroactively.

Veterans' Name: ___________________________ Last ___________ First ___________ Middle ___________

Social Security Number: _______________________

CATEGORY/DOCUMENTATION REQUIRED

☐ (1) A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.

- Percentage of disability _______

- Copy of DD-214 (Member 4 Copy recommended) or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type; and copy of document from the Department of Defense, or Department of Veterans Affairs certifying that the veteran has a compensable service connected disability.

☐ (2) The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

- Spouses of Disabled Veterans: copy of spouses DD-214 or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type; copy of certification from the Department of Veterans' Affairs that the veteran is totally and permanently disabled and cannot qualify for employment because of a service connected disability; or an ID card issued by the Department of Veterans' Affairs; copy of marriage certificate along with a continuous marriage affidavit.

- Spouses of Persons on Active Duty: copy of certification from the Department of Defense or the Department of Veteran's Affairs that the person on active duty is either missing in action, captured, forcibly detained or interned in the line of duty by a foreign government or power; and copy of marriage certificate along with a continuous marriage affidavit.

☐ (3) A veteran of any war. The veteran must have served at least one day during a wartime period to be eligible for veterans' preference. Active duty for training is not allowed.

- Copy of DD-214 (Member 4 Copy recommended) or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type.

☐ (4) The un-remarried widow or widower of a veteran who died of a service-connected disability.

- Copy of document from the Department of Defense or the Department of Veterans' Affairs certifying the service connected death of the veteran; and a copy of marriage certificate along with a continuous marriage affidavit.

☐ (5) A veteran who has served in a campaign or expedition for which a campaign badge has been authorized; any Armed Forces Expeditionary Medal or the Global War on Terrorism Expeditionary Medal is qualifying for Veterans’ Preference.

- Copy of DD-214 (Member 4 Copy recommended); Certificate of Discharge or Separation from Active Duty, or other official documents (to include military discharge papers, or equivalent certification from the Department of Veterans’ Affairs listing military status, dates of service, and discharge type) issued by the branch of service.

You must read, complete and sign this form.

Revised: 01/2006
## INFORMATION ABOUT SERVICE:

<table>
<thead>
<tr>
<th>Branch of Service:</th>
<th>Type of Discharge:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Entry:</td>
<td>Date of Discharge:</td>
</tr>
<tr>
<td>Do you have a service connected disability?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If yes, is the service connected disability compensable?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

### Dates of Active Duty:

Type of documentation you will be submitting:

| Have you ever been employed by the State of Florida or one of its political subdivisions (for example: city, county, school board, water district, state university, junior college or community college, etc.)? | □ Yes □ No |
| If yes, give name of employer, position and employment dates: |

| Was the position: | □ Permanent/Full time □ Temporary/Full time |
| □ Permanent/Part time □ Temporary/Part time |

| Are you a resident of the State of Florida? | □ Yes □ No |

## IMPORTANT NOTICE:

In accordance with the rules of the Florida Department of Veterans Affairs, Chapter 55A-7, Veterans' Preference in Appointment and Retention in Employment and Florida law, preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in categories 1 and 2 and second to those persons included under categories 3, 4 and 5 (as shown on page one of this form). Preference in appointment and employment requires that a preferred applicant be given special consideration each step of the employment selection process but does not require the employment of a preferred applicant over a non-preferred applicant who is the most qualified for the position.

An applicant eligible for veterans' preference who believes he or she was not afforded employment preference in accordance with the rules may file a complaint with the Department of Veteran Affairs at 11351 Ulmerton Road, Largo, Florida 33778, requesting an investigation. When the applicant has received notice of a hiring decision from a covered employer, the complaint shall be filed within 21 calendar days from the date that the notice is received by the applicant (postal time will be considered no more than 5 days from the date the notice was mailed by the employer). When the applicant has not received notice of a hiring decision within two calendar months of the receipt of the application by the employer, the applicant shall contact the employer to determine if the position has been filled by a non-preferred applicant. After having determined from information supplied by the employer that the position has been filled by the appointment of a non-preferred applicant, the preferred applicant may file a complaint within three calendar months of the date the application was received by the employer. If the position has not been filled, the time period for filing a complaint is extended to provide the preferred applicant one calendar month after having determined that the position has been filled. It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

For additional information on Veterans’ Preference, the following link is provided as a public service.
http://www.floridavets.org/benefits/veteranspref.htm

The following positions are exempt from veterans' preference provisions: positions filled by officers elected by popular vote or persons appointed to fill vacancies in such offices and personal secretary of each such officer, members of boards and commissions, persons employed on a temporary basis without benefits, heads of departments, positions which require licensure such as a physician, and positions which require that the employee be a member of The Florida Bar.

## SIGNATURE (required):

I acknowledge that I have read and understood the rights expressed in this notice. I certify that all information provided is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

## FOR PERSONNEL DEPARTMENT USE ONLY:

Documentation provided: □ DD214 □ Other:
To: Employment Manager, Personnel Services, Florida Atlantic University

From: ____________________________________________ (Insert Name Optional)

Subject: Voluntary Self-Identification Form - Position # ____________________________

Florida Atlantic University is committed to equal employment opportunity and affirmative action. In order to fulfill this commitment and to comply with existing state and federal requirements, it is important to determine the composition of the applicant pool for each position. The requested information is to be submitted on a strictly voluntary basis.

This information is being collected separately and confidentially so as not to become part of your application file. It will enable us to determine whether protected groups identified by the Department of Labor are given an equal opportunity to compete.

Please check as applicable?

Race/Ethnic Origin:

☐ Hispanic or Latino
☐ White
☐ Black or African American

☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander

Sex: ☐ Male ☐ Female

Please identify below how you became aware this position was available?

Printed Publication ___________________________________________________________
Personal Contact ______________________________________________________________
Other Source/Referral: _________________________________________________________

Thank you for taking the time to complete this form.

PLEASE RETURN THIS DOCUMENT RECEIPT TO:
Employment Manager
Department of Personnel Services
Florida Atlantic University
777 Glades Road
Boca Raton, FL 33431-0991

EQUAL OPPORTUNITY/EQUAL ACCESS INSTITUTION