

SELF-IDENTIFICATION FORM

AFFIRMATIVE ACTION

York University has an Affirmative Action Program with respect to its faculty and librarian appointments. The designated groups are: women, racial/visible minorities, persons with disabilities and aboriginal peoples. York University welcomes applications from persons in these groups. The completion of this form is optional, but please be advised that if you are a member of one or more of these designated groups you must self-identify in order to participate in the Affirmative Action Program. We encourage you to self-identify by checking the appropriate box(es) below which may apply to you. The information provided will be used solely for the purpose of Affirmative Action hiring.

For further information about the Affirmative Action Program, please contact the Affirmative Action Office at 416-736-5713.

NAME OF CANDIDATE: _____

Woman

Member of a Racial/Visible Minority

Person with Disabilities

Aboriginal Person

Note: The Federal Employment Equity Act contains the following definitions:

1. **"Members of Visible Minorities"** means persons, other than aboriginal peoples, who are non-Caucasian in race or non-white in colour.
2. **"Persons with Disabilities"** means persons who have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and who (a) consider themselves to be disadvantaged in employment by reason of that impairment, or (b) believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment, and includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.

CITIZENSHIP

The employment of non-Canadian academics is governed by the Immigration and Refugee Protection Act; Citizenship & Immigration Canada; and Employment & Social Development Canada. This process requires that we give priority to **qualified** Canadian citizens and Canadian permanent residents. Please advise if you are Canadian (a Canadian citizen or a Canadian permanent resident)?

Yes

No

SIGNATURE: _____

DATE: _____

PLEASE RETURN THE SELF-IDENTIFICATION FORM TO THE DEPARTMENT/UNIT/AREA TO WHICH YOU APPLIED.

PLEASE RETURN THE SELF-IDENTIFICATION FORM TO THE DEPARTMENT/UNIT/AREA TO WHICH YOU APPLIED.