



**Human Resources**  
910 Madison Ave, Suite WP012  
Memphis, TN 38163  
Tel: (901) 448-5600 Fax: (901) 448-5170

Name: \_\_\_\_\_

Position Number: \_\_\_\_\_

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

Note: This page will not be copied for dissemination beyond the Office of Human Resources and/or other departments who may need this information for Affirmative Action or legal purposes. This invitation is being extended to you after a job offer.

**INVITATION TO APPLICANTS FOR EMPLOYMENT TO IDENTIFY THEMSELVES DISABLED**

THIS SECTION PERTAINS ONLY TO DISABLED PERSONS. A person with a disability refers to any person who has a physical or mental impairment that substantially limits one or more major life activities (performing manual task, learning, walking, seeing, hearing, speaking, etc.), has a record of such impairment, or is regarded as having such impairment.

The UT Health Science Center is a government contractor subject to Section 504 of the Rehabilitation Act of 1973, which require employers to take affirmative action to employ qualified disabled individuals. If you feel you meet the above definition of disabled, the UT Health Science Center invites you to inform us so that you may be given consideration under our affirmative action program.

Provision of this information is entirely voluntary, and choosing not to provide it will not result in any adverse treatment. The information will be used only according to the regulation of the Act. The information is considered confidential, except that (1) supervisors may be informed regarding restrictions on the work or duties of disabled persons and any necessary accommodations and (2) first aid personnel may be informed, where appropriate, if the condition might require emergency treatment.

Please describe disability \_\_\_\_\_

Do you have any health problems or physical limitations which would affect your ability to perform the essential functions of the job for which you are applying? If yes, explain \_\_\_\_\_

If so, what reasonable accommodations, if any, could the University take to enable you to perform? \_\_\_\_\_

**THE ABOVE INFORMATION IS VOLUNTARY AND WILL BE KEPT CONFIDENTIAL AND USED ONLY IN ACCORDANCE WITH THE ACTS AND THE REGULATIONS AT 41 CFR 60-250 AND 41 CFR 60-741. REFUSAL TO PROVIDE THIS INFORMATION WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.**