



Background Summary – Self Identification Form

(This information is requested to meet Federal Government reporting requirements)

Instructions: Please print this form to have the employee complete. If the employee completes an electronic version of this form (Adobe pdf format), they will not be able to save the completed form, but they will be able to print the completed form.

NAME _____ **EMPLOYEE ID NUMBER** _____

GENDER: MALE FEMALE

RACE/ETHNICITY:

1) **Are you HISPANIC or LATINO** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? YES NO

2) **What is your race? Select one or more**

AMERICAN INDIAN OR ALASKAN NATIVE - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

BLACK or AFRICAN AMERICAN - A person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN or PACIFIC ISLANDER - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

WHITE - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

EDUCATION: HIGH SCHOOL HIGHEST DEGREE: _____

YEAR DEGREE AWARDED: _____

SCHOOL/COLLEGE ATTENDED: _____

DISABILITY STATUS:

If you are an individual with a qualified disability and would like to be considered under the University’s Affirmative Action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information will assist us in making accommodations for your disability in accordance with the University’s Section 504 Policy. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential and separate from your university personnel file to be used only in accordance with these and any other applicable laws.

“Disability” is defined as a physical or mental impairment that substantially limits one or more of an individual's major life activities regardless of whether the impairment is mitigated by medication and/or other measures.

I wish to self-identify as having a disability

NO

YES

Briefly describe: _____

VETERAN STATUS:

If you are an individual who qualifies as a covered veteran of the United States military forces, please take a moment to report your current status consistent with federal reporting requirements under VETS-100 for federal contractors:

Check All That Apply Below	Category of Covered Veteran	Definition of Category
<input type="checkbox"/>	Disabled Veteran	Any veteran 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 who was discharged or released from active duty because of a service-connected disability.
<input type="checkbox"/>	Armed Forces Service Medal Veteran	Any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 Fed. Reg. 1,209).
<input type="checkbox"/>	Three-Year Recently Separated Veteran	Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.
<input type="checkbox"/>	Other Protected Veteran	Any person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense. Please see http://www.opm.gov/veterans/html/vgmedal2.asp for more information on covered wars, campaigns and expeditions.

The University is a government subcontractor subject to Section 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, which require government contractors and subcontractors to take affirmative action to employ and advance in employment qualified individuals with disabilities and covered veterans. Submission of this information is voluntary. Refusal to provide the University with this information will not subject you to any adverse treatment and the University will not use it in any manner that is inconsistent with the law. Information you submit concerning your disability or veteran status will be kept confidential, except that 1) supervisors and managers may be informed regarding restrictions on the work or duties of veterans or individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed. When reported, data will not identify any specific individual.