



## Employee/Applicant Self-Identification Disclosure Form

Employee Name: \_\_\_\_\_ Banner ID OR Last 4 of SSN#: \_\_\_\_\_

Division/Office/Unit: \_\_\_\_\_ Position: \_\_\_\_\_

NOTE: This information is provided by you on an absolutely voluntary basis to facilitate compliance with Federal and State law. This information will be used for Affirmative Action and statistical purposes only. Please return completed form to the Office for Institutional Equity or Human Resources.

### Race/Ethnic Identification

____ A.	<b>White (Not of Hispanic Origin):</b> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
____ B.	<b>Black (Not of Hispanic Origin)/African American:</b> A person having origins in any of the Black racial groups of Africa.
____ C.	<b>Asian/Pacific Islander/Asian-American:</b> A person having origins in any of the original peoples of the Far East, American Southeast Asia, the Indian Sub-continent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
____ D.	<b>American Indian:</b> A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
____ E.	<b>Hispanic/Spanish American:</b> A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

### Disability Status

A disabled person is anyone who: (1) has a physical or mental impairment which substantially limits one or more of the major life activities; (2) has a record of such an impairment; (3) is regarded as having such an impairment. Please place an "X" by any disability which applies to your situation:

____ A.	No disability	____ I.	Yes-Widespread Paralysis or Muscular Dysfunctions (e.g., multiple sclerosis, paraplegia, cerebral palsy, epilepsy, Parkinson's disease)
____ B.	Yes-Upper & Lower Extremities, e.g., amputation, finger disability	____ J.	Yes-Neuropsychiatric, e.g., personality disorder, head injuries, alcoholism and drug addiction (Rehabilitated Drug User only)
____ C.	Yes-Trunk, Spine & Abdominal Defects	____ K.	Yes-Retardation, e.g., mentally retarded
____ D.	Yes-Vision Impaired	____ L.	Yes-Skin, Cosmetic & Allergy Conditions, e.g. facial disfigurement, e.g., hernia, disk, spinal fusion asthma, allergic dermatitis, skin disease
____ E.	Yes-Hearing Impaired	____ M.	Yes-Generalized/Systematic Diseases, e.g., diabetes, arthritis, leukemia, cancer, diseases of the blood
____ F.	Yes-Speech Impaired	____ N.	Yes-Gastrointestinal, e.g., ulcer, colitis, colostomy
____ G.	Yes-Cardiovascular	____ O.	Yes-Genitourinary
____ H.	Yes-Respiratory, except Asthma	____ P.	Yes-Other disabilities (please explain on additional sheet)

### Veteran Status

Please select from the choices below, only if applicable. Otherwise, leave blank.

____ A.	<b>Special Disabled Veteran:</b> (A) a person entitled to compensation under laws administered by the Department of Veteran's Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1508 of Title 38, U.S.C. to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.
____ B.	<b>Vietnam Veteran:</b> A person who: (A) served on active duty for a period more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1954 and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.
____ C.	<b>Other Veteran:</b> A person who served on active duty during a war or in a campaign or expedition of which a campaign badge has been authorized. Indicate campaign and dates: _____.