



# Employee Demographic Form

Revised 8/2014

**SOCIAL SECURITY NUMBER** (required)

**BANNER ID** (if known)

**NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Previous Name(s): \_\_\_\_\_

**DATE OF BIRTH:**

\_\_\_\_\_  
MO DAY YEAR

**GENDER:**

☐ Female

☐ Male

**ADDRESS:**

\_\_\_\_\_  
Street or Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**HOME PHONE:** ( ) \_\_\_\_\_

**CELL PHONE:** ( ) \_\_\_\_\_

**RACE AND ETHNICITY<sup>1</sup>** *(See definitions listed on Appendix):*

Do you consider yourself to be Hispanic/Latino(a)? ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African-American

☐ Native Hawaiian or Pacific Islander

☐ White

**EMERGENCY CONTACT INFORMATION:**

**Name:**

\_\_\_\_\_  
Last Name, First Name

**Address:**

\_\_\_\_\_  
Street or Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Phone:** ( ) \_\_\_\_\_

**Relationship Code:**

(See codes listed in Appendix)

<sup>1</sup> The University of New Mexico is required by Federal law to request this information for statistical reporting purposes. Your response is voluntary.

**RETIREMENT PLAN STATUS:**

Have you ever contributed to the Education Retirement Plan? ☐ Y ☐ N

If yes, are you currently contributing? ☐ Y ☐ N

Are you currently receiving benefits from PERA? ☐ Y ☐ N

**Degree Information (Faculty Only):** Please list highest degree(s) earned. Use the Common Degree Codes table listed below to fill out the Degree Earned field. If your degree is not listed below, write in the degree earned. Any other degrees are optional.

Institution Attended: _____	Degree Earned: _____	Graduation Date: _____
Institution Attended: _____	Degree Earned: _____	Graduation Date: _____
Institution Attended: _____	Degree Earned: _____	Graduation Date: _____

_____ <i>Employee's Signature</i>	/ _____ <i>Date</i>
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**Appendix:****Definitions of Racial Categories**

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**American Indian or Alaska 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 Other 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.

**Relationship Codes**

<b>RELATIONSHIP CODES</b>	
A	Ex-spouse
B	Brother
C	Child
F	Father
G	Grandparent
M	Mother
N	Neighbor
O	Relative
P	Spouse
R	Friend
S	Sister
U	Guardian
X	Significant Other/ Partner

**Common Degree Codes**

<b>Degree Code</b>	<b>Degree Code Description</b>	<b>Degree Code</b>	<b>Degree Code Description</b>
AA	Associate of Arts	MPH	Master of Public Health
BA	Bachelor of Arts	MS	Master of Science
BS	Bachelor of Science	PAC	Physician Assistant-Certified
CERT	Cert w/ 1-2 years to complete	PHARM D	Doctor of Pharmacy
CERT1	One year certificate	PHD	Doctor of Philosophy
CERT2	Two Year certificate		
DDS	Doctor of Dental Surgery (XDDS)		
DO	Doctor of Osteopathic Medicine (XDO)		
EDD	Doctor of Education		
JD	Juris Doctor		
MA	Master of Arts		
MD	Doctor of Medicine (DM)		
MLIS	Master of Library & Information Science (XMLIS)		
MFA	Master of Fine Arts		



# Employee Veteran Disclosure Form

1. As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box.

The protected veteran categories are defined as follows:

- A “disabled veteran” is one of the following:

a veteran of the U.S. military, ground, naval or air service 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

a person who was discharged or released from active duty because of a service-connected disability.

- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

DATE OF DISCHARGE: (MM/DD/YY) \_\_\_\_\_

*NOTE: If your Date of Discharge is within the past three years then you are also classified as a **Recently Separated Veteran**.*

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

☐ DISABLED VETERAN

☐ ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

☐ ARMED FORCES SERVICE MEDAL VETERAN

\_\_\_\_\_

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

☐ I am NOT a protected veteran.

☐ I am NOT a veteran.

2. If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, 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 the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

5. The University of New Mexico shall abide by the requirements of 41 CFR 60-300.5(a). This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.