

DATA COLLECTION FORM FOR NEW APPOINTMENTS

| PERSONAL INFORMATION | | | | | | |
|---|--|--------------------------------------|---|---|---|--|
| NAME: | SS#: | | | | | |
| ADDRESS 1: | HOME PHONE: | | | | | |
| ADDRESS 2: | EMAIL ADDRESS: | | | | | |
| DEMOGRAPHIC INFORMATION | | | | | | |
| GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male | MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married | BIRTH DATE: | | | | |
| <p><i>To comply with federal laws and regulations, The University of Iowa (as a federal contractor) requests data on the race, ethnicity, disability status, and veteran status of its faculty and staff. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with federal laws and regulations, including summary reporting to the federal government for civil rights enforcement purposes. Reported data will not identify any specific individual.</i></p> | | | | | | |
| <p>ETHNICITY/RACE: Hispanic or Latino Ethnicity (select one response) <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic or Latino: Persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Not Hispanic or Latino. Race (select one or more) <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native: Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. <input type="checkbox"/> Asian: Persons 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. <input type="checkbox"/> Black or African American: Persons having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or other Pacific Islander: Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> White: Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa. </p> | | | | | | |
| <p>U.S. MILITARY STATUS: (definitions provided at the end of this form)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No Military Service <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran and Other Protected Veteran <input type="checkbox"/> Veteran whose service is not included in any of the above categories | | | | | | |
| <p>DISABILITY STATUS (definitions provided at the end of this form)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disabled Vet <input type="checkbox"/> Disabled | | | | | | |
| CITIZENSHIP STATUS | | | | | | |
| U.S. CITIZENSHIP STATUS: | <input type="checkbox"/> Native Born | <input type="checkbox"/> Naturalized | <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Nonimmigrant Alien | | |
| COUNTRY OF CITIZENSHIP: | | | | | | |
| IMMIGRATION STATUS: | IMMIGRATION START DATE: | | IMMIGRATION END DATE: | | | |
| FAMILY STATUS | | | | | | |
| <p>Required For Benefits Eligibility. Select the value that best describes your current family status. The Benefits Office will use this information to provide you with the correct materials at orientation. Your selection DOES NOT determine your benefits or insurance plan. You are not required to select a benefits/insurance plan until after your employee orientation.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Employee <input type="checkbox"/> Employee & Spouse </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Employee & Child <input type="checkbox"/> Family </td> </tr> </table> | | | | | <input type="checkbox"/> Employee <input type="checkbox"/> Employee & Spouse | <input type="checkbox"/> Employee & Child <input type="checkbox"/> Family |
| <input type="checkbox"/> Employee <input type="checkbox"/> Employee & Spouse | <input type="checkbox"/> Employee & Child <input type="checkbox"/> Family | | | | | |

| EDUCATIONAL BACKGROUND (INCLUDING HIGH SCHOOL) | | | |
|--|----------------------|-------|----------|
| Degree | Granting Institution | | Year |
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| | | | |
| PROFESSIONAL BOARD CERTIFICATE | | | |
| Specialty | Certificate # | | |
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| | | | |
| | | | |
| PROFESSIONAL LICENSURE | | | |
| License Type | License # | State | Exp Date |
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DEFINITIONS

Disability Status:

A person with a disability is a person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.

Disabled Veteran means:

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

Military Status:

Armed Forces Service Medal Veteran:

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 (61 Fed. Reg. 1209).

Other Protected Veteran:

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. (This category includes most Vietnam-era veterans.) The information required to make this determination is available on the Internet at <http://www.opm.gov/staffingportal/vgmedal2.asp>. A copy of the list also may be obtained by calling (301) 306-6752 and requesting that a copy of the list be mailed to you.

Armed Forces Medal Veteran and Other Protected Veteran:

Veterans who served on active duty in the U.S. military ground, naval, or air service who meet the definition of both categories for *Armed Forces Service Medal Veteran and Other Protected Veteran* should select this category (see definitions of the two individual categories above).

Veteran of the U.S. Military Whose Service is Not Included in Any of the Categories Listed Above

Veterans who served in the U.S. military ground, naval, or air service who do not meet the definitions of either *Armed Forces Service Medal Veteran* or *Other Protected Veteran* may select this category (see definitions of the two individual categories above).

Date Last Updated 4/2011