



Employee Personal Data Information Regular Benefit-Eligible Faculty

| Employee Legal Name (Legal name as it appears on your Social Security Card) | | | | |
|--|--|---|--------------------------------|-------|
| Last Name: | First Name: | Middle Name: | SMU ID# (if known): | |
| Preferred Name: | | | | |
| Last Name: | First Name: | Middle Name: | | |
| Date of Birth: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married | Social Security Number: | |
| Highest Education Level: | | | | |
| <input type="checkbox"/> Bachelor's Level Degree <input type="checkbox"/> Master's Level Degree <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Doctorate (Professional) <input type="checkbox"/> Other | | | | |
| Degree | Institution | Location | Year Received | Major |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Home Address (If your address changes prior to your start date, please email NewFaculty@smu.edu) | | | | |
| Number and Street: | City: | State: | Zip Code: | |
| Personal Email Address: | | | | |
| | | | | |
| Phone Numbers: | | | | |
| Home: | | Cell: | | |
| Campus Address (Leave blank if not known): | | | | |
| Department Name: | Building Name & Room Number: | | PO Box: | |
| Emergency Contact Information: | | | | |
| Name: | Relationship: | Phone Number: | | |
| Citizenship: | | | | |
| Citizen Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident Alien | Country of Citizenship: | Visa Information (if applicable): <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> H-1 <input type="checkbox"/> Other _____ | | |

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Race/Ethnicity:

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

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

In addition, select one or more of the following racial categories to describe yourself. If, you select two or more racial categories, please select one as primary.

| Racial Categories | Primary | Definition |
|--|--------------------------|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> | American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. |
| <input type="checkbox"/> Asian | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> | Black or African American: A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> White | <input type="checkbox"/> | White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |

Veteran Status and Disability:

SMU is an equal opportunity and affirmative action employer. This confidential information is voluntary and requested for Federal reporting purposes. To request a reasonable accommodation on the basis of a disability, please contact the ADA/504 Coordinator in the Office of Institutional Access and Equity located in Perkins Administration Building 204 (www.smu.edu/iae).

We encourage you to complete the voluntary self-identification of disability form.

Veteran Status:

- I belong to the following classifications of protected veteran (choose all that apply):
- Disabled Veteran
 - Recently Separated Veteran (Date of military discharge: ___/___/____)
 - Active Duty Wartime or Campaign Badge Veteran/Other Protected Veteran
 - Armed Forces Service Medal Veteran

Definitions

- 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 the Veterans Affairs, or
 - a person who was discharged or released from active duty because of a service-connected disability.
- Any “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.

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

I am NOT a protected veteran, but I am a veteran.

I am NOT a veteran.

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Voluntary Self-Identification of Disability

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

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

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

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Reasonable Accommodation of 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.

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.

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.