



Personal Data Form

The purpose of this form is to collect information about each University employee for that employee's official employment record. The information will be used for official correspondence with you (IRS Form W-2, etc.), for compilation of official reports which the University is required to make to various governmental agencies, and for the Auburn University Bulletin.

All University employees will have their University departmental address and phone number listed in the phone directory. The mailing address will be used for mailing items such as W-2's, BlueCross BlueShield booklets, and COBRA letters. Enter your actual home address; campus addresses are not acceptable. If you hand write your answers, use blue or black ink.

1. Employee

Banner ID: _____

Full Name (Last, First, and Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Work Phone Number: _____

2. Emergency Contact

Full Name (Last, First, and Middle): _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alternate Phone Number: _____

3. Employee Demographics

Date of Birth (MM/DD/YYYY): _____

Marital Status: _____

Gender: _____

4. Ethnicity/Race

What is your race? (Select one or more.)

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

I choose not to identify

- **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.
- **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.

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.) _____

5. Educational Information

Indicate each educational level completed. (Check all that apply.)

Educational Level

High School Graduate

GED

Some College

Associate Degree

Bachelor's Degree (if checked, please complete section 5.1)

Some Graduate level courses

Master's Degree (if checked, please complete section 5.2)

Specialist

Doctorate (if checked, please complete section 5.3)

5.1 Bachelor's Degree(s)

Degree Type (e.g., B.A., B.S., B.F.A., etc.) _____

Degree Field/Major Name (e.g., Mathematics, History, Engineering, etc.) _____

Date Degree Awarded (MM/DD/YYYY): _____

University or College Granting Degree _____

City and State of Institution _____

5.2 Master's Degree(s)

Degree Type (e.g., B.A., B.S., B.F.A., etc.) _____

Degree Field/Major Name (e.g., Mathematics, History, Engineering, etc.) _____

Date Degree Awarded (MM/DD/YYYY): _____

University or College Granting Degree _____

City and State of Institution _____

5.3 Doctoral Degree(s)

Degree Type (e.g., B.A., B.S., B.F.A., etc.) _____

Degree Field/Major Name (e.g., Mathematics, History, Engineering, etc.) _____

Date Degree Awarded (MM/DD/YYYY): _____

University or College Granting Degree _____

City and State of Institution _____

5.4: Additional Degree(s)

Please provide information related to any additional degrees not specified in the fields above.

Invitation to Self-Identify As a Protected Veteran

1. Auburn University is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications 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.

2. 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 above, please indicate by checking the appropriate box below.

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

- DISABLED VETERAN
- RECENTLY SEPARATED 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.

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. If you need reasonable accommodations in order to perform the essential functions of your job, please contact the Office of AA/EEO at 844-4794.

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. Auburn University maintains an Affirmative Action Plan for Protected Veterans in the Office of AA/EEO, telephone 844-4794.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____