## UNIVERSITY OF HARTFORD

## **EMPLOYEE DATA FORM**

The University of Hartford invites employees to voluntarily supply the information requested below. This invitation is made consistent with and subject to the University's policy of nondiscrimination and equal employment opportunity. The University of Hartford is an equal employment opportunity/affirmative action employer and a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (60-300.42) as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA) and section 503 of the Rehabilitation Act of 1973. The University intends to recruit, hire, train and promote without regard to race, color, sex, age, religion, national and ethnic origin, disability, marital status, sexual orientation, gender identity or expression, veteran status, genetic information or any other protected class. Providing this information is voluntary on the part of the employee and is used solely for reports submitted in accordance with the University's affirmative action efforts and consistent with the above Acts. This information is held strictly confidential and is separated from the application for employment. The decision to provide or not provide this information will not adversely affect consideration for employment. A request to voluntarily self-identify may be made immediately and/or at any time in the future. Thank you for your cooperation.

Name (print):					
Home Address	<b>::</b>				
Day Phone: (	)	Cell Pho	one: ()	Evening	Phone: ()
Email Address	:			SSN:	
Gender:	☐ Male	☐ Female			
Marital Status		ngle eparated	☐ Married☐ Divorced	☐ Civil Union ☐ Widowed	☐ Live in Partners
Ethnicity (plea	se check only	one of the follov	ving):		
☐ Hispani	c or Latino	☐ Not Hispan	ic or Latino		
Race (please n	nark one or mo	ore from the foll	owing list):		
А ре		ins in any of the o	riginal peoples of N iliation or communi	lorth and South America ity attachment.	a (including Central
subc	ontinent includir		ambodia, China, Ind	ne Far East, Southeast A lia, Japan, Korea, Malay	•
	r African Amer erson having orig		lack racial groups c	of Africa.	
		ther Pacific Island gins in any of the o		ławaii, Guam, Samoa, c	or other Pacific Islands.
□ White:	erson having ori	gins in any of the c	original peoples of E	Europe, the Middle East,	or North Africa.

Veteran Status (as defined below): 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.					
☐ I am NOT a Protected Veteran					
☐ I am a protected veteran but choose not to self-identify					
I identify as one or more of the protected veteran classifications below (please mark all that apply):					
□ <b>Disabled Veteran</b> - 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.					
☐ Recently Separated Veteran- 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.					
☐ Active Duty Wartime or Campaign Badge 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.					
☐ Armed Forces Services 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.					
PLEASE PROVIDE AN EMERGENCY CONTACT:					
Name:					
Address:					
Relationship: ☐ Spouse ☐ Domestic Partner ☐ Child ☐ Parent ☐ Step-parent ☐ Grandparent ☐ Brother ☐ Sister ☐ Aunt ☐ Uncle ☐ Relative ☐ Guardian ☐ Friend ☐ None					
Day Phone: () Evening Phone ()					
Employee Signature: Date:					
Please return completed form to the Office of HRD, located in the Financial and Administrative Services Building.					
HRD USE ONLY: PPAIDEN HRD Representative: Date:					