The Texas A&M University System

Employee Personal Data

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name:							
Last		First	irst Middle				
UIN:		-	Birthdate: _				
				Month	Day	Year	
Citizenship:	Country	_	Visa type: _			ship	
C	Country		I	lf other than	U.S. citizens	ship	
Province for Ca	anadians:						
☐ Male	Highest 1-Less than high					_	
☐ Female	Education ☐ 4-Baccalaureate Level ☐ 7-Special profes	•	☐ 5–Master's degre .D.S., D.V.M., J.D., M.D		Doctoral degr	ree	
You are not obligated to respond to the asterisked items below (Vet your response is important to meet federal and state reporting requi accordance with applicable federal and state regulations. Your emp EEO Ethnicity/Race (See Page 2.) 3-Hispanic or Latino? Yes If you selected "Yes", you will be identified as Hispanic or Latino for federal and state reporting purposes, even if you select any of the races below. Select all that apply. 1-White 2-Black or African American 4-Asian 5-American Indian or Alaska Native 6-Native Hawaiian or Other Pacific Islander 8-Decline to provide information If you selected more than one race (not including Hispanic or Latino), you will be identified as "Two or More Races" for federal and state reporting purposes. Residence address:			uirements. Information you provide will remain confidential in				
Street:			Street/P.O. Box:				
City:	State: ZIP:		City:		State:	_ ZIP:	
Phone: ()			Phone: ()				
In event of eme	ergency notify:		Do you have relatives who are A&M System employees?				
Name:			☐ Yes ☐ No				
Relationship:			If yes, give name, title, relationship and organization:				
					J		
	State: ZIP:						
	State ZII						
State law gives you the right to choose whether The Texas A&M University System should allow public access to your home address, home telephone number, emergency contact information, Social Security number, and whether you have family members. If you do not declare this personal information as confidential, it will be open to the public. If you are a "peace officer," your home address and telephone number are automatically confidential. Mark one box in item 1 and one box in item 2. 1. Yes, I want my personal information to be confidential. 2. I am a certified peace officer. No, I do not want my personal information to be confidential. I am not a certified peace officer.							
Please read and sign Pages 2 and 3 of this form before returning it.							
Employer should complete the following for employee:							
PIN:	ADLOC:	Emp-Loc	code:	Chk-[Dist code:		
A&M System ema	iil address:						
Campus or office address:							
•	Street/Bldg: Office phone: ()						
City:	Zip Code:		iviaii Stop: _				

This employer 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 [41 CFR 60-300.5(a)].

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, please indicate by checking the appropriate box (choose all that apply).

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. 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 VEVRAA, as amended.

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.

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.

The following definitions are provided for your information and assistance in completing the Employee Personal Data form:

EEO Ethnicity/Race

- Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White. (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American. (Not Hispanic or Latino) A person having origins in any of the Black racial groups of Africa
- Asian. (Not Hispanic or Latino) 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.
- American Indian or Alaska Native. (Not Hispanic or Latino) 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.
- Native Hawaiian or Other Pacific Islander. (Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*Veteran Status

- Veteran. The individual has served in the army, navy, air force, coast guard, or marine corps of the United States or the United States Public Health Service, the Texas military forces, or an auxiliary service of one of those branches of the armed force, and who has been honorably discharged from the branch of the service in which the person served.
- Armed Forces Service Medal Veteran. The individual is 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 Services Medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).
- Active Duty Wartime or Campaign Badge Veteran. The individual has 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. A list of campaigns and expeditions meeting this criteria is on Page 4.
- Recently Separated Veteran. The individual is 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.
- Orphan of a Veteran. The individual is an orphan of a veteran if the veteran was killed on active duty.
- Surviving Spouse of a Veteran. The individual is a surviving spouse of a veteran who has not remarried.

I have read and understand this material and I certify that the inform	mation provided by me is true and correct to the best of my	
knowledge. This document is executed in good faith.		
Employee signature	Date	_

The Texas A&M University System is an Equal Opportunity/Affirmative Action/Veterans/Disability Employer.

HR 181-Disability (9/14)

The Texas A&M University System **Disabled Veteran Status**

(continued from the Employee Personal Data form)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form. Because this form contains protected health information about you, it will not be placed in your personnel file.

Name:				
Last	First		Middle	
UIN:	Birthda	te:		
		Month	Day	Year
Do you claim to be a Disabled Veteran*?	☐ Yes ☐No			
A disabled veteran is (1) a veteran of the U.S. militar receipt of military retired pay would be entitled to con individual who was discharged or released from activ	npensation under laws a	administered by t	he Secretary of	
*You are not obligated to respond; however, your res you provide will remain confidential in accordance wi affected by information you furnish.				•
I have read and understand this material and I certify knowledge. This document is executed in good faith.		vided by me is tr	ue and correct	to the best of my
Employee signature		Date		

 $\label{thm:continuous} The \ Texas \ A\&M \ University \ System \ is \ an \ Equal \ Opportunity/Affirmative \ Action/Veterans/Disability \ Employer.$

This employer 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 [41 CFR 60-300.5(a)].

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, please indicate by checking the appropriate box (choose all that apply).

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. 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 VEVRAA, as amended

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.

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.

OTHER PROTECTED VETERAN STATUS CRITERIA

CAMPAIGN/EXPEDITION	DATES		CAMPAIGN/EXPEDITION	DATES	
	START	END		START	END
Armed Forces Expeditionary Medal (A	AEEM)		Other Campaign and Service Medals		
Afghanistan (Enduring Freedom)	09/11/01	Present	Army Occupation of Austria	05/09/45	07/27/55
Afghanistan (Iraqi Freedom)	03/19/03		Army Occupation of Berlin	05/09/45	10/02/90
Berlin	08/14/61	06/01/63	Army Occupation of Germany	05/09/45	
Bosnia (Joint Endeavor, Joint Guard	00, 1 ,, 0 1	00/01/00	Army Occupation of Japan	09/03/45	
& Joint Forge)	11/20/95	Present	China Service Medal (Extended)	09/02/45	
Cambodia	03/29/73		Korea Defense Service Medal	07/28/54	TBD*
Cambodia Evacuation (Eagle Pull)		04/13/75	Korean Service	06/27/50	07/27/54
Congo		09/01/62	Kosovo Campaign Medal (KCM)	00.200	
Congo		11/27/64	Operation Allied Force	03/24/99	06/10/99
Cuba		06/01/63	Kosovo Campaign Medal (KCM)	00.2 00	00/10/00
Dominican Republic	04/28/65		Operation Joint Guardian	06/11/99	TBD*
El Salvador		02/01/92	Kosovo Campaign Medal (KCM)	00/11/00	
Global War on Terrorism	09/11/01		Operation Allied Harbor	04/04/99	09/01/99
Grenada (Urgent Fury)		11/21/83	Kosovo Campaign Medal (KCM)		
Haiti (Uphold Democracy)	09/16/94		Operation Sustain Hope/Shining Hope	04/04/99	07/10/99
Iraq (Northern Watch)	01/01/97		Kosovo Campaign Medal (KCM)		
Iraq (Desert Spring)		12/31/02	Operation Noble Anvil	03/24/99	07/20/99
Iraq (Enduring Freedom)	09/11/01	Present	Kosovo Campaign Medal (KCM)		
Iraq (Iraqi Freedom)	03/19/03	Present	Task Force Hawk	04/05/99	06/24/99
Korea	10/01/66	06/30/74	Kosovo Campaign Medal (KCM)		
Kosovo	03/24/99	Present	Task Force Saber	03/31/99	07/08/99
Laos	04/19/61	10/07/62	Kosovo Campaign Medal (KCM)		
Lebanon	07/01/58	11/01/58	Task Force Falcon	06/11/99	TBD*
Lebanon	06/01/83	12/01/87	Kosovo Campaign Medal (KCM)		
Libyan Area (Eldorado Canyon)	04/12/86	04/17/86	Task Force Hunter	04/01/99	11/01/99
Mayaguez Operation		05/15/75	Navy Occupation of Austria	05/08/45	10/25/54
Panama (Just Cause)	12/20/89		Navy Occupation of Trieste	05/08/45	10/25/54
Persian Gulf (Earnest Will)	07/24/87		SW Asia Service Medal		
Persian Gulf (Desert Thunder)	11/11/98		(Desert Shield/Storm)	08/02/90	11/30/95
Persian Gulf (Desert Fox)		12/22/98	Units of the Sixth Fleet (Navy)	05/09/45	10/25/55
Persian Gulf (Southern Watch)	12/01/95		Vietnam Service Medal (VSM)	07/04/65	
Persian Gulf (Vigilant Sentinel)		02/01/97	Rwanda (Distant runner)	04/07/94	
Persian Gulf Intercept Operation Quemoy and Matsu Islands	12/01/95 08/23/58		Thailand	05/16/62	08/10/62
Somalia (Restore Hope	00/23/30	00/01/63			
& United Shield)	12/05/92	03/31/95	*TBD – To Be Determined		
Taiwan Straits	08/23/58		TBD - To be Determined		
Thailand	05/16/62				
Vietnam and Thailand		07/03/65			
Vietnam Evacuation (Frequent Wind)					
ricaliani = raccadion (i requesti rrina)	0 20 0				
Navy Expeditionary Medal and Marine	2				
Corps Medal	<u> </u>				
Cuba	01/03/61	10/23/62			
Indian Ocean/Iran	11/21/79				
Iranian/Yemen/Indian Ocean		06/06/79			
Lebanon		05/31/83			
Liberia (Sharp Edge)	08/05/90				
Libyan Area	01/20/86				
Panama	04/01/80	12/19/86			
Panama	02/01/90				
Persian Gulf	02/01/87				
Rwanda (Distant Runner)	04/07/94				
Thailand	05/16/62	08/10/62			

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 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. 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:

HIV/AIDS

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

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had	d 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 1/31/2020 Page 2 of 2

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.

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.

ⁱ 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.