

UNIVERSITY OF KANSAS MEDICAL CENTER

Employee Personnel Information Data Form

As a federal contractor, the University of Kansas is required to meet specific reporting requirements. The following information will be used in conjunction with our Affirmative Action Program, as well as to add your name to the agency payroll system; therefore, completion of this form is mandatory.

Name: _____/_____/_____/_____
 (Last) (Suffix i.e. MD, RN) (prefix i.e. Dr or Mr) (First) (Middle)
 (MAIDEN NAME)

Local Address: _____
 (Street Address)

 (City) (State) (Zip Code) (County)

Social Security Number: _____ **Date of Birth:** _____ **Place of Birth:** _____
 (city/state)

Primary Contact Number: _____ **E-Mail Address** _____

Race/Ethnicity Reporting	
<p>1) Are you Hispanic or Latino? Check one only.</p>	<p><input type="checkbox"/> Yes, I am Hispanic or Latino __ PRIMARY (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</p> <p><input type="checkbox"/> No, I am not Hispanic or Latino</p>
<p>2) What is your race? Select one or more races.</p>	<p><input type="checkbox"/> American Indian or Alaska Native __ PRIMARY (A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.)</p> <p><input type="checkbox"/> Asian __ PRIMARY (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.)</p> <p><input type="checkbox"/> Black or African American __ PRIMARY (A person having origins in any of the black racial groups of Africa.)</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander __ PRIMARY (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</p> <p><input type="checkbox"/> White __ PRIMARY (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</p> <p>If you choose more than one race, indicate which one is primary (The racial/ethnic group you relate to most).</p>

Indicate the highest level of education completed or degree:

- 1 yr Coll
 2 yr Coll Degree
 2 yr Coll
 3 yr Coll
 4 yr Coll
 Bachelor's
 Doctorate
 HS Grad
 Less HS Grad
 Master's
 Post Doc
 Some Grad
 Technical

SEX: Male Female **Marital Status:** Common-Law Divorced Married Separated Single Widowed

U.S. Citizen. Please check one

- Yes
 No Type of Visa _____ Date Visa Expires _____ Visa # _____
 Naturalized Date _____

State of Kansas Employee

Have you ever been employed by the University of Kansas Medical Center or the State of Kansas?

- Yes If yes, please give the name of the agency and dates of employment:
 No

Name: _____ / _____ / _____ / _____
 (Last) (Suffix i.e. MD, RN) (prefix i.e. Dr or Mr) (First) (Middle)

New Position Information

Position Title: _____ Department Name: _____ Phone #: _____

Department Contact: _____ Hire Date: _____

<p>Disability Reporting* Check all that apply:</p>	<p><input type="checkbox"/> Individual with a Disability - A disability defined as a physical or mental impairment that substantially limits a major life activity such as walking, hearing, seeing or working and/or a major bodily function such as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological or brain.</p> <p><input type="checkbox"/> Disabled Veteran - Any veteran 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 who was discharged from active duty because of a service related disability.</p>
<p>Veteran Reporting* Check all that apply:</p>	<p><input type="checkbox"/> Veteran of the Vietnam-Era - Any person who served on active duty for a period of no more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases. This also applies to any person who was discharged or released from active duty for a service connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases. ___PRIMARY</p> <p><input type="checkbox"/> Armed Forces Service Medal Veteran - Any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 Fed. Reg. 1,209). ___PRIMARY</p> <p><input type="checkbox"/> Other Protected Veteran - Any person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense. ___PRIMARY</p> <p><input type="checkbox"/> Recently Separated Veteran - Any veteran during the three year period beginning on the date of such veteran's discharge or release from active duty. Discharge Date: _____</p> <p>If you choose more than one veteran status, please indicate a primary.</p>
<p>Military Status Reporting Check one only:</p>	<p>An individual in a Military Reserve Group in the U.S. listed in USERRA (i.e., the military branches and related services of the Army Reserve, Naval Reserve, Marine Corps Reserve, Air Force Reserve, Coast Guard Reserve, Army or Air National Guard, Public Health Commissioned Corps, or other category of person designated by the President in time of war or emergency).</p> <p><input type="checkbox"/> Active Reserve</p> <p><input type="checkbox"/> Inactive Reserve</p> <p><input type="checkbox"/> None</p>

***You may update your disability or veteran status anytime during your employment.**

How did you learn about your new position? (Please check the appropriate box)

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Employee | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Phone Inquiry |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Executive Referral | <input type="checkbox"/> Job Posting | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Client Referral | <input type="checkbox"/> Executive Search | <input type="checkbox"/> Open House | <input type="checkbox"/> Unsolicited |
| <input type="checkbox"/> College Recruiting | <input type="checkbox"/> Former Employee | <input type="checkbox"/> Other Source | <input type="checkbox"/> Walk-In |