

**UNIVERSITY OF MARYLAND, BALTIMORE
EMPLOYEE SUPPLEMENTAL DATA INFORMATION FORM**

Last Name	First Name	Middle Initial
Social Security Number		
Birthplace	Citizenship (if Other than U.S. Citizen)	
Contact Person in Case of Emergency		
Name	Name	
Relationship	Relationship	
Day phone	Day phone	
Evening phone	Evening phone	
Address	Address	
Email address	Email address	

UNIVERSITY OF MARYLAND, BALTIMORE DEMOGRAPHIC INFORMATION

CONFIDENTIAL DATA COLLECTION: As a federal contractor, UMB is committed to the contractual promise of affirmative action and equal employment opportunity that is required of those who do business with the Federal government. The federal government now differentiates between ethnicity and race and asks that all employees answer the question below:

1. ETHNIC/RACE IDENTIFICATION		
<p>Hispanic or Latino <i>Ethnicity: Hispanic or Latino-A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</i></p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>		
<p>Select One or More of the following:</p> <p><input type="checkbox"/> WHITE <i>Includes persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</i></p> <p><input type="checkbox"/> BLACK OR AFRICAN AMERICAN <i>Includes persons having origins in any of the Black Racial Groups of Africa.</i></p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</i></p> <p><input type="checkbox"/> ASIAN <i>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.</i></p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <i>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.</i></p>		
<p>2. DATE OF BIRTH</p> <p>____/____/____</p>	<p>3. GENDER</p> <p><input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> X (UNSPECIFIED or OTHER)</p>	<p>4. MARITAL STATUS</p> <p><input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE</p>

UNIVERSITY OF MARYLAND, BALTIMORE VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your “major life activities.” If you have or have ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to:

Alcohol or other substance use disorder (not currently using drugs illegally)	Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS	Blind or low vision	Cancer (past or present) Cardiovascular or heart disease Celiac disease Cerebral palsy	Deaf or serious difficulty hearing; Diabetes; Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
Epilepsy or other seizure disorder	Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome	Intellectual or developmental disability	Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD	Missing limbs or partially missing limbs; Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
Nervous system condition, for example, migraine headaches, Parkinson’s disease, multiple sclerosis (MS)	Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities	Partial or complete paralysis (any cause); Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema	Short stature (dwarfism)	Traumatic brain injury

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

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.

UNIVERSITY OF MARYLAND, BALTIMORE VETERAN STATUS

UMB 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) Active duty wartime or campaign badge veterans; (2) Armed Forces service medal veterans; (3) disabled veterans; and (4) recently separated veterans. UMB must also comply with the regulations for equal employment opportunity and affirmative action (EEO/AA), the following information is required to be collected. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, we will attempt to identify your race and ethnicity by visual observation.

An "**Active Duty Wartime or Campaign Badge Veteran**" is 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**" 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 Forces service medal was awarded pursuant to Executive Order 12985.

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 -related disability.

A "**Recently Separated Veteran**" 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. Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1866-4-USA-DOL**.

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):

[] ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN 73

[] ARMED FORCES SERVICE MEDAL VETERAN

[] DISABLED VETERAN

RECENTLY SEPARATED 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.

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.

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.

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Signature

Date

Campus Address

Campus Phone