

**UNIVERSITY OF WISCONSIN-MILWAUKEE  
EMPLOYEE SELF-IDENTIFICATION FORM**

TO BE COMPLETED BY ALL NEW EMPLOYEES AND RETURNED TO YOUR PERSONNEL REPRESENTATIVE OR  
TO HUMAN RESOURCES, ENGELMANN, ROOM 125

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

The University of Wisconsin–Milwaukee (UWM) is an equal opportunity employer committed to the policies and principles of affirmative action. Although the completion of this form is voluntary, and refusal to complete it will not subject you to any adverse treatment, in order to respond to federal and state reporting requirements, it is important that the following information be gathered from all employees. The information provided will remain confidential and will not be used for any purpose inconsistent with the law.

**Ethnicity, Race and Gender**

**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.)

Yes  No

**What is your race? Please select all that apply.**

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North & South America, including Central America, who maintain 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, & 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.

**What is your gender?**

Female  Male

**Veteran Status**

UWM is a government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans, veterans of the Vietnam era, recently separated veterans, and other protected veterans. **The information on this survey is voluntarily provided and will be kept confidential. Disclosure or refusal to provide the information will not subject an employee to any adverse treatment.**

(1)  **I am not a Veteran (If you check this box, skip to question 10)**

(2)  **I am a Veteran**

If you are a veteran who served on active duty in the U.S. military, ground, naval or air service and have been discharged or released, please indicate: **Military Discharge Date:** \_\_\_\_\_

**If you are a veteran, please check below all that apply to you:**

- (3)  **Armed Forces Service Medal Veterans (Federal)**  
Any person 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).
- (4)  **Other Protected Veteran (Federal)**  
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. For a complete list of campaigns, see <http://www.opm.gov/veterans/html/vgmedal2.asp>
- (5)  **Vietnam-era Veteran (Federal)**  
A person who served on active duty more than 180 days of active military, naval, or air service, any part of which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or August 5, 1964 and May 7, 1975 and was discharged or released with other than a dishonorable discharge.
- (6)  **Wartime Veteran (State)**  
I had active service for **at least one day** during one of the wartime periods.  
[http://dva.state.wi.us/Ben\\_preference.asp](http://dva.state.wi.us/Ben_preference.asp)
- (7)  **Non-Wartime Veteran (State)**  
A Veteran who served on active duty for the full period of service obligation

**If you are a Disabled Veteran please check below all that apply to you:**

- (8)  **Special Disabled Veteran (Federal)**  
A 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 Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C. to have a serious employment handicap, or
- (9)  **Disabled Veteran (Federal)**  
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 Any veteran who was discharged or released from active duty because of a service-connected disability.  
**Percent Disabled** \_\_\_\_\_

**If you are a spouse of a veteran please check below all that apply to you:**

- (10)  **Spouse of a 70% disabled Veteran (State)**  
A spouse of a disabled veteran whose service-connected disability is 70% or higher
- (11)  **Spouse of a Deceased Veteran (State)**  
Unremarried spouse of a veteran killed in action or a veteran who died of a service-connected disability

### Disability Status

According to state and federal laws, a person with a disability is defined as any person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Are you an individual with a disability?  Yes  No

If yes, are you severely disabled? (State)  Yes  No

If you have a disability and require a reasonable accommodation during employment, please refer to UWM's Reasonable Accommodation Policy and Procedures (SAAP No. 45.1).