



## EMPLOYEE BIOGRAPHICAL INFORMATION

The information collected by Santa Clara University’s Department of Human Resources will be used for statistical purposes, compliance reporting, and on-campus information systems applications. Santa Clara University (“SCU”) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the SCU invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

### I. GENERAL INFORMATION

Dr.    Rev.    Br.    Mr.    Ms.    Sr.    Mrs.    Miss

Name (Last, First, Middle): \_\_\_\_\_

(As it appears on your Social Security Card)

Preferred First Name: \_\_\_\_\_

_____	_____	_____
Rank or Title	Building & Phone extension	Department
_____	_____	_____
Home Telephone	Alternative Telephone	Birth Date

Date of Hire: \_\_\_\_\_  Full Time    Part Time

Have you previously worked for Santa Clara University?  Yes    No

### II. EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### III. EDUCATION

Institution	Major or Principal Courses Studied	Degree or Award	Dates Attended/ Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name (Last, First, Middle): \_\_\_\_\_

(As it appears on your Social Security Card)

#### IV. PERSONAL INFORMATION

Sex:  Male  Female

Marital Status:

Single  Married  Divorced  Widowed  Registered Domestic Partner

#### V. EEO ETHNICITY/RACE DATA

**1. Ethnicity: 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.

No  Yes [If yes, please skip the next question.]

**2. Race: If you answered “No” above, please check one or more of the following:**

<input type="checkbox"/> <b>White - (Not Hispanic or Latino)</b> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	<input type="checkbox"/> <b>Black or African American (Not Hispanic or Latino)</b> – A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> <b>Asian (Not Hispanic or Latino)</b> – 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.	<input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</b> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> <b>American Indian or Alaska Native (Not Hispanic or Latino)</b> – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.	

#### VI. INVITATION TO SELF-IDENTIFY: VETERAN STATUS

SCU 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. These classifications are defined as follows:

- 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-connected disability.

*(definition continued on following page)*

Name (Last, First, Middle): \_\_\_\_\_

(As it appears on your Social Security Card)

- A “recently separated veteran” means 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.
- An “active duty wartime or campaign badge veteran” means 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” means 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.

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.

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):**

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL 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.

Name (Last, First, Middle): \_\_\_\_\_

(As it appears on your Social Security Card)

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.

Recognizing that non-discrimination and equal opportunity are legally, morally, and socially enriching, Santa Clara University is committed to policies and programs that promote equal opportunity and affirmative action for each of our employees and students.

**VII. INVITATION TO SELF-IDENTIFY: DISABILITY**

Please see accompanying Form CC-305, Voluntary Self-Identification of Disability

**VIII. SIGNATURE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date