

PERSONAL DATA AND SELF-IDENTIFICATION FORM



Dana is an equal employment opportunity employer and is required by law to report periodically certain data regarding our faculty and staff. To satisfy government regulation, we must try to provide accurate data on citizenship, sex/gender and race/ethnic group of all employees as well as disability and veteran status of those who have self identified. All information is reported in statistical form only. Other information (e.g., birth date, marital status, etc.) is needed for benefits administration or other human resources management purposes. The information is maintained in a secure and confidential manner.

Please complete all information on this form.

SECTION I: Name and Status

Legal Name: _____ Social Sec #: _____
Last First MI

Preferred Name: _____
Last First MI

SECTION II: Contact Information (Legal address for income tax purposes and mailings to your home)

Address: _____
Street City State Zip

Home/Personal Email Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

Are you a Dana Rehire: ☐ Yes ☐ No – If yes, please list employment dates: _____

SECTION III: Personal Information (Please refer to definitions provided below.)

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	Effective Date of Marital Status:	Birth Date:
		MM/DD/YYYY	MM/DD/YYYY)

SELF-IDENTIFICATION – Please complete the following for reporting purposes and read definitions prior to completing.

Race/Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (Not Hispanic or Latino) <input type="checkbox"/> Black or African American (Not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) <input type="checkbox"/> Asian (Not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	Military Status (Select One): <input type="checkbox"/> Active Reserve <input type="checkbox"/> Armed Forces Services Medal Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> No Military Service <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Retired Military <input type="checkbox"/> Service Medal and Other Veteran <input type="checkbox"/> Veteran (VA Ineligible) <input type="checkbox"/> Vietnam and Other Protected Veteran
Disability Status: <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> Disabled Veteran Please list reasonable accommodations needed on a separate sheet and attach to this form.	Military Discharge Date: _____ MM/DD/YYYY

Signature: _____ Date: _____