

Marquette University
New Employee Data Form
(ALL FIELDS MUST BE COMPLETED FOR PAYROLL PROCESSING)

* A Marquette University Identification Number (MUID) is issued to students, student applicants, parents, and employees. If you have previously been issued an MUID and your name has changed, you must submit a Name Change Request Form, available from the MU Central web site.

<https://www.marquette.edu/mucentral/registrar/documents/NameChange.pdf>

Personal Information

Title: Mr. Mrs. Miss Ms. Mx. Dr. Rev. Sr.

First Name: _____ MI: ____ Last Name: _____ Known By: _____

Suffix: DDS PhD MD JD SJ Sr Jr Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone*: _____ *You will automatically be enrolled to receive University emergency text notifications

Marital Status: Single Married Divorced Widowed Social Security Number: _____

Highest Degree Obtained

High School GED/HSED Associates Bachelors Date Received: _____

Masters PhD DDS MD JD DPT DMD Institution Name: _____

Other: _____

Emergency Contact Information

Emergency Contact Full Name: _____

Contact Phone Number: _____ Relation to Employee: _____

Religious Preferences (Optional)

Religion:	<input type="checkbox"/> Baptist	<input type="checkbox"/> Lutheran	Cleric Religion:	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Methodist		<input type="checkbox"/> Jesuit
	<input type="checkbox"/> Catholic	<input type="checkbox"/> Muslim		<input type="checkbox"/> Non-Jesuit Catholic Clergy
	<input type="checkbox"/> Eastern Orthodox	<input type="checkbox"/> Other Christian		<input type="checkbox"/> Other Non-Catholic Clergy
	<input type="checkbox"/> Episcopal/Anglican	<input type="checkbox"/> Other Non-Christian		<input type="checkbox"/> Women Religious
	<input type="checkbox"/> Evangelical	<input type="checkbox"/> Presbyterian		
	<input type="checkbox"/> Hindu	<input type="checkbox"/> UCC		
	<input type="checkbox"/> Jewish	<input type="checkbox"/> Not Applicable		

Send completed form to Human Resources IMMEDIATELY (Before Date of Hire) by email, fax or regular mail

Marquette University
Human Resources, Straz Tower; Suite 185
P.O. Box 1881
Milwaukee, WI 53201-1881
(414)288-7305 Fax: (414)288-7425
Email: humanresources@marquette.edu

Voluntary Self-Identification of Disability

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having 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.

For Employer Use Only

Department: _____
 Job Title: _____
 Date of Hire: _____



BE THE DIFFERENCE.

Voluntary Self-Identification Survey Form – Post-Offer/Employee

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report. Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. If you choose not to self-identify your race/ethnicity at this time, the federal government requires Marquette University to determine this information by visual survey and/or other available information.

PART I. General Information

Name: _____

Job Title: _____ Date: _____

PART II. Gender, Ethnicity and Race Information:

Gender

CHECK ONE:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose this information
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Ethnicity

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information
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Race

CHECK ALL THAT APPLY:	<input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> 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, and Vietnam <input type="checkbox"/> American Indian or Alaska Native: 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 <input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> ONLY Hispanic or Latino (also selected in Ethnicity question) <input type="checkbox"/> I choose not to disclose this information
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PART III. Protected Veterans

The definitions of protected veterans are listed below. Use the boxes following the definitions to indicate whether you are a protected veteran

Disabled Veteran	<p>A “disabled veteran” is one of the following:</p> <p>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.</p>
Recently Separated Veteran	<p>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.</p>
Active Duty Wartime or Campaign Badge Veteran	<p>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.</p>
Armed Forces Service Medal Veteran	<p>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.</p>

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

CHECK ONE:	<input type="checkbox"/> I am a Protected Veteran <input type="checkbox"/> I am not a Protected Veteran <input type="checkbox"/> I choose not to disclose the information
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Marquette University abides by the requirements of federal laws which prohibit discrimination of individuals with the following legally protected status: race, color, religion, sex, sexual orientation, gender identity, national origin, disability and protected veterans. Marquette University also abides by affirmative action requirements to employ and advance in employment qualified individuals without regard to race and sex (per Executive Order 11246), disability (per 41CFR 60-741.5(a)), and protected veteran status (per 41CFR 60-300.5(a)).