

**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)**

<b>Religion:</b>	<input type="checkbox"/> Baptist	<input type="checkbox"/> Lutheran	<b>Cleric Religion:</b>	<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](mailto:humanresources@marquette.edu)

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**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.



**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.

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#### **PART I. General Information**

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

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

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#### **PART II. Gender, Ethnicity and Race Information:**

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##### Gender

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

<b>CHECK ONE:</b>	<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

<b>CHECK ALL THAT APPLY:</b>	<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**

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

Disabled Veteran

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.

Recently Separated Veteran

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.

Active Duty Wartime or Campaign Badge Veteran

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.

Armed Forces Service Medal Veteran

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.

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:

- I am a Protected Veteran  
 I am not a Protected Veteran  
 I choose not to disclose the information

*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)).*