



UNI Personnel Data Information

New Employees: This form is required in addition to W-4 and I-9 forms.

Graduate Assistants: Address fields are not required as this data is pulled nightly from the SIS.

A. Personal Information (Record legal last and first name as it appears on Social Security Card)

Name: _____
Last First Middle Initial

Social Security #: _____ Birthdate: _____ University ID #: _____

Biological Sex: ☐ Male ☐ Female Phone: _____

Street Address 1^a: _____

Street Address 2^a: _____

City: _____ State: _____ Zip: _____ County: _____

^a UNI data systems are limited to 25 characters.

B. Preferred Name Change (Optional)

To appear in the Online Directory.

_____ Last First Middle (Optional)

C. Ethnicity

Do you consider yourself to be of Hispanic/Latino/Spanish origin?

☐ Yes ☐ No

D. Race

Please select one or more of the following racial categories to describe yourself:

- ☐ **American Indian or Alaska Native:**
Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- ☐ **Asian:**
Persons 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.
- ☐ **Black or African American:**
Persons having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or other Pacific Islander:**
Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White:**
Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

E. Assignment Information

Department: _____ Position Title: _____

Start Date: _____ Have you previously been employed with the
University of Northern Iowa? ☐ Yes ☐ No

F. Emergency Contact Information

Accurate and up-to-date emergency contact information is critical for every employee. In the event of an accident/injury or sudden illness, your Department, Division and/or Human Resource Services will use this information to inform your contact(s). The following information will only be used in the event of an emergency.

☒ Primary Emergency Contact

Name: _____
Last First Middle Initial

Primary Phone: _____ Primary Extension: _____

Secondary Phone: _____ Secondary Extension: _____

International Phone 1: _____ International Phone 2: _____

Secondary Emergency Contact

Name: _____
Last First Middle Initial

Primary Phone: _____ Primary Extension: _____

Secondary Phone: _____ Secondary Extension: _____

International Phone 1: _____ International Phone 2: _____

You may add additional emergency contacts by accessing e-Business Suite Employee Self Service.

hrs.uni.edu/sites/default/files/documents/emergency_contacts.pdf

G: Authorization and Certification

The University of Northern Iowa is required by federal law to report income along with Social Security Numbers (SSNs) for all employees to whom compensation is paid. Employee SSNs are maintained and used by the University for payroll, reporting and benefits purposes, and are reported to federal and state agencies in formats required by law or for benefits purposes. The University will not disclose an employee's SSN without the consent of the employee to anyone outside the University except as mandated by law or required for benefit purposes. No persons outside the university are routinely provided this information, except for items of directory information such as name and address. Board of Regents' rules and applicable state and federal statutes governs release of any information. If you fail to provide the required information, the university may be unable to properly administer payroll and/or benefits for you.

☐ I have carefully read and understand this Personnel Data Information form. By my signature below, I certify my name as listed above is my legal name and the information I provided is accurate.

Employee Signature: _____ Today's Date: _____

The University of Northern Iowa does not discriminate in employment or education. Visit policies.uni.edu/1303 for additional information.

For Office Use Only:	Legal Name Verification Complete (initial): _____ <input type="checkbox"/> AmeriCorps
	Citizenship Status from I-9:
	<input type="checkbox"/> U.S. Citizen.
	<input type="checkbox"/> Permanent Resident – Immigrant
	<input type="checkbox"/> Alien Authorized to Work for a Specified Time Period – Non-Immigrant

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want 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.

UNI actively seeks to enhance diversity and is an Equal Opportunity/Affirmative Action employer. The University encourages applications from persons of color, women, individuals living with disabilities, and veterans. All qualified applicants will receive consideration for employment without regard to age, color, creed, disability, ethnicity, gender identity, genetic information, marital status, national origin, political affiliation, pregnancy, race, religion, sex, sexual orientation, veteran or military status, or any other basis protected by federal and/or state law.

This form is available in an alternate format.

Revised 04/2023

INVITATION TO DISCLOSE VETERAN STATUS

Definitions

This employer 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.

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.

Self-Identification

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

Military Discharge Date: _____
(MM/DD/YYYY)

☐ ACTIVE WARTIME OR CAMPAIGN BADGE (OTHER PROTECTED) 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.

Your Name

Today's Date

Self-Identification

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.

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.