TEXAS TECH UNIVERSITY
Human Resources

Biographical Data Form

Sections marked in green are used by the ESC to initiate the employee ePAF.

Full Legal Name from Social Security Card _____ (LAST) _____ (FIRST) _____ (MI)

Preferred First Name _____ SSN _____

R# (if known) _____ Date of Birth _____ Sex ☐ Male ☐ Female

Permanent Address:

Address _____

Address 2 _____

City _____ State _____ Zip Code _____

Telephone _____

Are you a U.S. Citizen?:

☐ Yes

☐ No

EEO Ethnicity/Race Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions. All individual data is kept confidential, only collective data is reported.

Please us the definitions on page 3 to assist with answering the following question.

Race/**Ethnicity (*select allthat apply*)**:

☐ Hispanic or Latino

☐ Black or African American

☐ Asian

☐ Native American or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ White

In the event of an emergency notify:

Name _____

Relationship _____

Address _____

Address 2 _____

City/State/Zip – _____

Telephone _____

E-Mail _____

Peace Officer Information:

Have you been a Peace Officer, Security Officer or Texas Department of Criminal Justice employee in Texas:

☐ Yes ☐ No

Foster Child Preference *TexasGovernmentCodeSection672.001*, states an employment preference must be extended to an applicant that is 25 years of age or under and was under the permanent managing conservatorship of the DFPS as a foster child on the day preceding their 18th birthday. Such preference is to be granted over other applicants who do not have a greater qualification. To claim a foster child's preference, verifying documentation must be submitted to Human Resources.

☐ I certify that I am 25 years of age or younger and was under the permanent managing conservatorship of the Department of Family and Protective Services on the day preceding my 18th birthday.

Public Information Act *ThePublicInformationAct* allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

Would you like the following information released to the public?

Emergency Contact Information ☐ Yes ☐ No

Information that reveals whether you have family members ☐ Yes ☐ No

Home Address ☐ Yes ☐ No

Home Telephone Number ☐ Yes ☐ No

Confidential Disability Information:

Do you request ADA Special Accommodation? ☐ Yes ☐ No

Please Specify: _____

Educational Information:

Institution _____ Type of School _____

City _____ State _____

Did you graduate / complete program? ☐ Yes ☐ No

Diploma/Degree/Certificate _____

Institution _____ Type of School _____

City _____ State _____

Did you graduate / complete program? ☐ Yes ☐ No

Diploma/Degree/Certificate _____

Veteran Status and Employment Preference

TexasGovernmentCodeSection657, states an employment preference may be extended to qualified veterans, surviving spouses and orphans in the event there are two or more individuals equally qualified for the same position. It must be given at the time of final selection. To claim veteran's preference, verifying documentation must be submitted to Human Resources.

Are you a Veteran? ☐ Yes ☐ No Date of Enlistment _____ Active Duty Separation Date _____

Indicate the branch in which you served:

☐ US Army ☐ US Air Force ☐ US Marines ☐ US Coast Guard ☐ US Navy ☐ Auxiliary Services*

*If you served in the auxiliary services, provide name: _____ Were you honorably discharged? ☐ Yes ☐ No

Veteran Classification and Self-Identification:

See definitions on page 3

☐ I identify as one or more of the classifications of protected veteran listed.

- ☐ Recently Separated Veteran Date of Discharge: _____
- ☐ Disabled 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 classification to which I belong

☐ I am not a protected veteran

☐ I am not a veteran

Surviving Spouse or Orphan of a Veteran:

Are you a spouse of a veteran who was killed while on active duty and you have not remarried? ☐ Yes ☐ No

Was one of your parents a veteran who was killed while on active duty? ☐ Yes ☐ No

Have you been subsequently legally adopted? ☐ Yes ☐ No

Veteran's Name _____ Veteran's SSN _____

Please complete if you have previous service with a state agency in Texas:

Prior state service may affect your eligibility for Longevity Pay, Vacation Accrual Rate, Optional Retirement Program, and other benefits depending on the circumstances. List the State Agencies at which you were employed below. Include prior Texas Tech University/Texas Tech University Health Sciences Center service. Give the name under which you were employed at each institution or agency if not the same as above.

Agency and Address	From Month-Year	To Month-Year	Position Title	Name, if different

I certify that the information contained on this form is true and correct to the best of my knowledge and ability.

Signature: _____ Date _____

DEFINITIONS

EEO Ethnicity and Race Categories

Hispanic or Latino
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Black or African American
A person having origins in any of the black racial groups of Africa.

Asian
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native Americanor **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.

Native Hawaiian or Other Pacific Islander
A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White
A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Veteran Status

Veteran's Employment Preference
The Veterans' Preference Act of 1944 is a federal law that recognizes the service, sacrifice and skills of returning war veterans. The act requires the federal government to favor returning war veterans when hiring new employees in an attempt to recognize their service, sacrifice, and skills.

Veterans Preference is applicable to temporary or civilian positions throughout the Federal Government, including civil service, with the exception of legislative or judicial appointments requiring confirmation by the U.S. Senate, and top position in the postal service. Preference is also withheld for those seeking Senior Federal Executive positions, the FBI, the DEA, or the CIA.

In 1948, the Veterans Preference Act of 1944 was amended giving mother preference to certain widowed, divorced, or legally separated mothers of veterans.

Veteran
An individual who served in the army, navy, air force, marine corps or coast guard of the United States or in an auxiliary service of one of those branches.

Veteran Classification and Self-Identification
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 disabilit
- 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.

Reasonable Accommodation Notice

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.

Please refer to this organization's affirmative action program for more information.

Individuals who are applying for employment preference under this act must submit a copy of the service discharge form (DD214) or other separation documentation and, if applicable, a DD1300, death, birth and/or marriage certificates.