

IUPUI ACADEMIC PERSONAL PROFILE FORM

Check type of appointment: **Academic (Includes Resident Interns)** **Student Academic**

Direct deposit is mandatory for all IU employees. To enroll in direct deposit, visit <https://fms.iu.edu/payroll/general-staff/direct-deposit/>. IU automatically issues [paycards](#) to employees who have not signed up for direct deposit prior to their third paycheck. This paycard can be obtained from the campus payroll office.

PRINT Legal Name:
Last First Middle

(NOTE: Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office).

Preferred Name:
Last First Middle

Social Security Number:

Department:

University ID (must be completed before submission to Academic Affairs):

Campus Address Building/Room:

Home Mailing Address: (Home address is used for official university communication including benefit enrollment information for eligible employees, mailed payroll checks, tax information including W2s and tax reporting to the IRS).

Street Apartment #

City County State Zip Code

Home Telephone (with Area Code):

Campus Telephone:

NON-IU EMAIL ADDRESS:

Legal Sex: Female Male

Birth Date:
Month Day Year

Marital Status: Single Married

Citizenship Status: U.S. Citizen Lawful Permanent Resident Other/where:

Have you ever been convicted of a felony? Yes No

**Birthplace
State (Country if not
U.S.) If applicable,
Spouse / Domestic
Partner's Name:**

FOR SCHOOL OF MEDICINE APPOINTEES ONLY:

<i>Dr. Mr.</i>		
<i>Mrs. Ms.</i>		
<i>(Circle one)</i>	<i>Last</i>	<i>First Middle</i>

Prior Work Experience: (NOTE: fill out completely. Do NOT state "See Attached Resume")

Dates of Employment From - To	Employer	City	State	Country	Ending Position

Professional Education: (NOTE: fill out completely. Do NOT state "See Attached Resume")
(List all colleges and universities attended)

Country	State	School	Degree	Date Acquired	Date Expected	Major

Licenses and Certifications

License	Issue Date	License Number	Issued By	Expiration Date

Honors and Awards

Honor or Award	Grantor	Issue Date

Ethnic Group:

Are you Hispanic or Latino? Yes No

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

What is your race? Select one or more.

American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

American Indian or Alaskan Native

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.

Asian

Black/African American

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

Native Hawaiian/Other Pacific Islander

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

White

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

***Confidentiality** - Under federal law Indiana University is required to collect and report data regarding the gender, racial and ethnic composition and veteran status of its workforce. This information is used for reporting and administrative purposes.*

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number
1250-0005
Expires 1/31/2020
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.¹ 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

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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.

ⁱ 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.

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.

Military Status Voluntary 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. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

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.

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.

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.

- Disabled Veteran:** (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran:** 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:** 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:** 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.

I am a protected veteran, but I choose not to self identify the classifications to which I belong.

I am NOT a protected veteran.

I hereby certify that all statements and answers on this form are true and correct to the best of my knowledge and belief.

Signature _____ **Date** _____

PRINTED NAME: _____