

[NOTE: This form may be used post-secondary educational institutions covered by the Department of Education's standards for collecting and reporting race, ethnicity and gender data from applicants or employees.]

MARYLAND INSTITUTE COLLEGE OF ART

APPLICANT/EMPLOYEE DATA RECORD

Maryland Institute College of Art (MICA) is an equal opportunity employer. All applicants and employees are treated without regard to race, color, religion, national origin, sex, disability, marital status, protected veteran status, or any other legally protected status.

MICA is required to keep records on the race, sex, and ethnicity of our applicants and employees in order to file periodic reports with the government and to provide affirmative action when appropriate. We recognize that some applicants and employees might find these questions intrusive and we sincerely regret giving any offense. The government does permit that the making or verifying of this information in employee and applicant records may be accomplished by what the government refers to as a "visual survey" by the employer. However, we prefer to give our applicants and employees the opportunity to complete the form below.

To help us comply with government record keeping and reporting requirements, we request that you fill out the questionnaire below. The information requested is for periodic government reporting or affirmative action purposes ONLY. It will be kept in a confidential file, separate from your application for employment. When reported to the government, data will not identify any specific individual. **THE COMPLETION OF THIS FORM IS COMPLETELY VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.**

Name: _____
(Last) (First) (Middle)

Address: _____
Street City State Zip Code

For Applicants Only:

Position(s) Applied For: _____

Referral Source: Advertisement Friend/Relative Walk-In
 Employment Agency Other _____

For Applicants and Employees: Please check the appropriate box or boxes below.

Check one of the following regarding your gender:

Male Female I do not wish to provide this information.

Check one of the following regarding your ethnicity:

Hispanic/Latino Not Hispanic/Latino I do not wish to provide this information.

Check one or more of the following racial categories (Pursuant to current government regulations, all individuals who select more than one racial category will be identified as belonging to "Two or More Races" on all government-required forms):

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian, Eskimo or Aleut
- I do not wish to provide this information.

[NOTE: This form may be used to collect data regarding disability and protected veteran status from individuals after an offer of employment is made. This form assumes that the employer has Federal contracts covered by 41 CFR Part 60-250 and 41 CFR 60-300. If this is not the case, the employer need not collect information on veteran status in all of the categories listed.]

MARYLAND INSTITUTE COLLEGE OF ART

Invitation to Self-Identify Disability or Veteran Status

Maryland Institute College of Art (MICA) is committed to employing and advancing in employment individuals without regard to race, color, religion, national origin, sex, disability, marital status, protected veteran status, or any other legally protected status. As a Federal contractor, MICA is subject to certain government laws and regulations which obligate the Company to take affirmative action to employ and advance in employment qualified persons with disabilities and protected veterans. The Company also is subject to certain recordkeeping and reporting requirements under these laws and regulations.

If you would like to be included in MICA's affirmative action program, please let us know by completing this survey now or any time in the future. We recognize that some employees might find these questions intrusive and we sincerely regret giving any offense. Copies of MICA's equal opportunity policy and affirmative action plan are available at _____.

THE COMPLETION OF THIS FORM IS COMPLETELY VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT. Information you provide will be kept in a confidential file. When reported to the government, data will not identify any specific individual.

Name: _____
(Last) (First) (Middle)

Address: _____
Street City State Zip Code

Please check as applicable:

I wish to identify myself as a **person with a disability**. (Any individual with a physical or mental impairment that substantially limits one or more major life activities.)

I wish to identify myself as a **recently-separated veteran**. (Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.) If checked, please provide date of discharge or release: ____/____/____.

I wish to identify myself as a **disabled veteran**. (Any veteran 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, or was discharged or released from active duty because of a service-connected disability.)

If you have identified yourself as a disabled veteran, please check the applicable box: My disability rating is greater than 30%; My disability rating is between 10-20% and a determination has been made under 38 U.S.C. 1506 that I have a serious employment handicap; Neither of the above; I do not wish to provide this information.

I wish to identify myself as an **Armed Forces Service Medal Veteran**. (Any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.)

I wish to identify myself as a **veteran of the Vietnam era**. (Any veteran who was honorably discharged or released sooner because of a service-related disability after serving on active duty for a period of more than 180 days between August 5, 1964 and May 7, 1975, or between February 28, 1961 and May 7, 1975 in the Republic of Vietnam.)

I wish to identify myself as an **Other Protected Veteran**. (Any veteran who served on active duty 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. Check DD-214 or contact EEO/AA office for a list of authorized campaigns.)

I decline to provide information on veteran's status.

I decline to provide information on disability status.

If you have identified yourself as a person with a disability or a disabled veteran, please let us know if there any accommodations which we could make which would enable you to perform your job properly and safely, such as special equipment, changes in the physical layout of the job, or changes in or assistance with certain duties of your job.