

Veterans

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| 1. | Are you a veteran? | Yes | No |
| 2. | If yes, Vietnam era? | Yes | No |
| 3. | Are you a veteran honorably discharged who has a service connected disability for which you are receiving compensation or which is compensable under public law administered by the Veterans Administration or the Department of Defense? | Yes | No |
| 4. | Are you a veteran of any war, who served on active duty for 181 consecutive days or more, who has served 180 consecutive days or more since January 31, 1955, who was separated or discharged under honorable conditions whose active duty was performed during the war time era? | Yes | No |

Section V: The Florida Department of Education requires the annual reporting of information related to the College's employment of qualified personnel with disabilities. The definition of disability used for the collection and reporting of data is based on the Americans with Disabilities Act definition of disability. A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. Physical or mental impairments are any physiological order, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs respiratory, including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic or lymphatic, skin, and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

- A. Do you have a medically documented disability? Yes No
- B. If you answered yes to question A of this section, indicate the type of medically documented impairment as it pertains to you.
1. Hearing impairment
 2. Visual impairment
 3. Physical impairment (musculoskeletal and connective tissue disorders, neuromuscular disorders)
 4. Speech impairment
 5. Specific Learning Disabilities (dyslexia, dysgraphia, dysphasia, dyscalculia, and other specific learning disabilities in the basic psychological or neurological process)
 6. Other health impairment (Explain)

Please advise your manager if you require a reasonable accommodation to assist you with the performance of your job. (You will need to provide medical documentation of the need for accommodation).

LOYALTY OATH

(Required by Florida Statute 876.05(1))

I, _____, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of Miami Dade College, Dade County, Florida, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and the State of Florida.

Date _____ Signature of Employee _____

A favorable background check and fingerprinting is a condition of employment. Miami Dade College is an Equal Access/Equal Opportunity Employer.