



Statistical Data Collection Form

Name:

Social Security Number

Miami Dade College is an equal access/equal opportunity employer and committed to recruit, employ, and promote personnel without regard to race, color, gender, age, religion, marital status, disability, national origin, or veterans status, in compliance with all Federal and State legislation and regulations pertaining to non-discrimination. Further, the College incorporates opportunities for individuals with disabilities as a part of its equal access/equal opportunity in employment commitment. . The College collects demographic data to comply with federal and state guidelines. Personal information is provided on a voluntary basis.

Section I: Personal data

- A. Single Married B. Female Male C. Birth Date:

Section II: Race and ethnic data required by the Equal Employment Opportunity Commission (EEOC) and the Office of Management and Budget's (OMB) 1997 Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.

- A: Hispanic/Latino Yes No
A person having origins in Cuba, Mexico, Puerto Rico, South or Central American, or other Spanish culture or origin, regardless of race.

- B: Select one or more races as follows:

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

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

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

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.

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

Section III: Citizenship/Immigration Status. Respond to each applicable question.

- A. Are you a U.S. citizen? Yes No
- B. Are you a resident alien? Yes No Alien Registration Number
- C. If you are not a U. S. citizen or registered alien provide visa type.
1. Visa Type 2. Expiration Date
- D. Birthplace

Section IV: To be completed by veterans and non-veterans. Veterans' status required by the Veterans Administration and/or Florida Division of Veterans Affairs of the Department of Community Affairs. Respond to the appropriate questions.

- A. Spouse/widow of a disabled or deceased veteran.
 - 1. Are you the spouse of a veteran who has a total and permanent disability and cannot qualify for employment due to total disability? Yes No
 - 2. Are you the spouse of any person missing in action, captured in the line of duty by a hostile force or forcibly detained or interned in line of military duty by a foreign government or power? Yes No
 - 3. Are you the unmarried widow or widower of a veteran who died of a service connected disability? Yes No



Veterans

- | | | | |
|----|---|-----|----|
| 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. Autism Spectrum Disorder
 2. Traumatic Brain Injury
 3. Hearing impairment
 4. Visual impairment
 5. Physical impairment (musculoskeletal and connective tissue disorders, neuromuscular disorders)
 6. Speech impairment
 7. Specific Learning Disabilities (dyslexia, dysgraphia, dysphasia, dyscalculia, and other specific learning disabilities in the basic psychological or neurological process)
 8. 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 _____

*** If you are not a citizen of the United States of America, please state fully:

I am a non-citizen who is authorized and otherwise eligible for government employment in this state by reason of my legal status as a _____ (resident alien, etc.)

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