

The information requested below is intended for use solely in connection with the College's affirmative action practices and helps ensure that the College's practices meet the requirements of Federal and Texas State law. Your responses are voluntary and will be kept confidential in accordance with the ADA. Refusal to provide will not subject you to any adverse treatment, and it will be used only in accordance with the ADA. No individual personnel selections are made based on this information.

<b>VETERAN STATUS</b>			
<input type="checkbox"/>	I am <b>not</b> an armed service veteran, a surviving spouse, or an orphan of a veteran. <i>If you are selecting this box, you may complete this form by signing below.</i>		
<b>TEXAS VETERAN INFORMATION</b>			
<input type="checkbox"/>	<b>Veteran:</b> I am a veteran and have served in the military and was honorably discharged or I am a veteran who is classified as disabled by the United States Department of Veterans Affairs or its successor or the branch of the service in which I served and my disability is service-connected.		
<input type="checkbox"/>	<b>Surviving Spouse of a Veteran:</b> I am a veteran's surviving spouse who has not remarried.		
<input type="checkbox"/>	<b>Orphan of a Veteran:</b> I am an orphan of a veteran that was killed while on active duty.		
<b>FEDERAL VETERAN INFORMATION</b>	Categories under Vietnam Era Veterans Readjustment Assistance Act of 1974 and Categories under Jobs for Veterans Act of 2002.		
<input type="checkbox"/>	<b>Veteran of the Vietnam Era:</b> Veteran of the U.S. military ground, naval, or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty because of a service-connected disability.		
<input type="checkbox"/>	<b>Special Disabled Veteran:</b> Person who entitled to compensation under laws administered by the Department of Veteran Affairs for a disability rated at 30 percent or more; or, rated at 10 to 20 percent, if it has been determined that the individual has a serious employment disability, or, a person who was discharged or released from active duty because of a service-connected disability.		
<input type="checkbox"/>	<b>Disabled Veteran:</b> Veteran who served on active duty in the U.S. military ground, naval, or air service and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veteran Affairs, or was discharged or released from active duty because of a service-connected disability.		
<input type="checkbox"/>	<b>Armed Forces Service Metal Veteran:</b> 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 (61 Fed. Reg. 1209).		
<input type="checkbox"/>	<b>Recently Separated Veteran:</b> Veterans within one year from discharge or release from active duty. Please provide separation date: _____.		
<input type="checkbox"/>	<b>Other Protected Veteran:</b> Any other 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.		
<b>EMPLOYEE SIGNATURE</b>	I certify that the above information is true and correct to the best of my knowledge and ability.		
	Print Name (Last, First, Middle)	Signature	Date
<b>HR USE ONLY</b>	Colleague ID #	<input type="checkbox"/> Info Entered Into Colleague	