



Employee Data Form

Anne Arundel County Public Schools seeks the following information to comply with the mandatory federal and state reporting required by the Equal Employment Opportunity Commission and Maryland State Department of Education. The provided information will not be used to discriminate against you in any way.

Full Name (Legal Name) Last		First	MI	Suffix	SSN/Employee ID
Maiden Name		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Date of Birth
Home Phone	Cell Phone		Personal E-mail		

Please answer both questions below to indicate your ethnicity and race.

Ethnicity – Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race. Yes No

Race – please select the categories with which you most closely identify. Check as many as apply.

- American Indian or Alaskan Native**
A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 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.
- Black or African American**
A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander**
A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- White**
A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Veteran Status

- No Military Service
- Newly Separated Veteran
- Disabled Veteran
- Veteran of the Vietnam-ERA
- Special Disabled Veteran
(as defined by the U.S. Department of Labor)
- Other Veteran
- Reserve/National Guard
 - Army Reserve
 - Navy Reserve
 - Marine Reserve
 - Air Force Reserve
 - Coast Guard Reserve
 - State National Guard

Discharge Details

- Discharge Date: _____
(MM/DD/YY)
- Rank: Enlisted Officer
- Discharge Type: Honorable
 General
 Entry Level Separation (ELS)
 Medical
 Other than Honorable (OTH)
 Bad Conduct (BCD)
 Dishonorable

- Service Branch: Army Reserve
 Navy Reserve
 Marine Reserve
 Air Force Reserve
 Coast Guard Reserve
 State National Guard
 Army
 Navy
 Marine
 Air Force
 Coast Guard