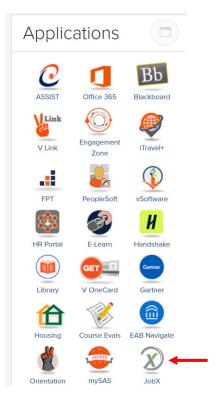
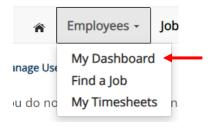
Dynamic Forms Completion – Voluntary Demographic Form

(For Students)

Log in to my.utrgv.edu and click on the **JobX icon** or follow the link: https://utrgv.studentemployment.ngwebsolutions.com/

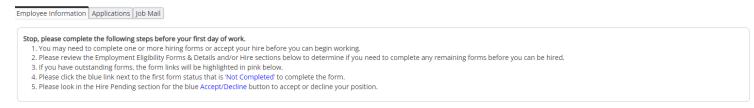


Once logged in > click on Employees > click on My Dashboard



Under Employment Eligibility Forms & Details > look out for any hiring forms that show a status of Not completed > click on the link.

Jser Dashboard

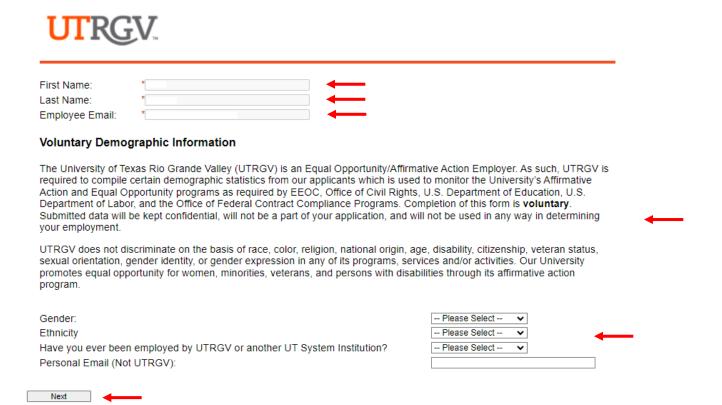


Employment Eligibility Forms & Details



Display: Current/Future ∨ Employee Information Update

Once you click on the link, you will reach the first page of the form. **Please read and fill out the questions** on the following pages to complete the required form > once done, click **Next.**



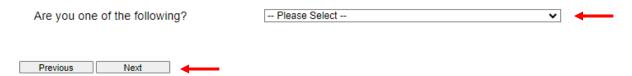
Veteran Status

You may be entitled to veteran's employment preference as established in the Veteran's Employment Preference Act (Senate Bill 646/Chapter 657, Texas Government Code) if:

- As a veteran you were honorably discharged and you (a) served in the armed forces for 90 consecutive days during a
 national emergency (from 1933 to present), or (b) served less than 90 consecutive days and were discharged due to a
 service-connected disability.
- *You are an individual classified as a surviving spouse of a veteran and who has not remarried; OR
- *You are an orphan of a veteran.

A veteran is defined as an individual who served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States or in an auxiliary service of one of those branches.

CHOOSE ONE OF THE FOLLOWING:



You will then reach the **confirmation page.** It will ask you to confirm that you have completed all steps for the hiring form (from the instructions page) > **sign and date** > click **Submit Form.**

If you need to return to the instructions page, click **Previous**.

Voluntary Self-Identification of Disability Please select one of the options: -- Please Select -Why are you being asked to Complete this form? We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years. Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp. How do I know if I have a disability? A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to: · Alcohol or other substance · Disfigurement, for example, · Nervous system condition, for example, migraine headaches, Parkinson's disease, use disorder (not currently disfigurement caused by burns, wounds, accidents, or congenital multiple sclerosis (MS) using drugs illegally) disorders · Autoimmune disorder, for · Neurodivergence, for example, attentionexample, lupus, · Epilepsy or other seizure disorder deficit/hyperactivity disorder (ADHD), autism fibromyalgia, rheumatoid spectrum disorder, dyslexia, dyspraxia, other · Gastrointestinal disorders, for arthritis, HIV/AIDS learning disabilities example, Crohn's Disease, · Blind or low vision irritable bowel syndrome · Partial or complete paralysis (any cause) · Cancer (past or present) · Intellectual or developmental · Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema · Cardiovascular or heart · Mental health conditions, for · Short stature (dwarfism) disease example, depression, bipolar · Traumatic brain injury · Celiac disease disorder, anxiety disorder, schizophrenia, PTSD · Cerebral palsy · Missing limbs or partially missing · Deaf or serious difficulty hearing Diabetes · Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports

(click to sign)

Employee Signature

Previous Submit Form

Date

| Once the form has been submitted, the status will automatical | lyι | ıpdate on N | ∕ Iy Dashboard |
|---|-----|--------------------|-----------------------|
|---|-----|--------------------|-----------------------|

| oluntary Demographic Form (Student) Completed / NA |
|---|
|---|

You have now completed the Voluntary Demographic Dynamic Form. For instructions on how to complete the rest of the forms, please select the appropriate guide.

For more information or assistance, please contact studentemployment@utrgv.edu.