

PERSONNEL QUESTIONNAIRE

Government agencies require periodic reports on the gender, ethnic origin, and veteran status of employees. Providing such information about yourself is voluntary. It will be used only in accordance with Washington State's equal opportunity and affirmative action efforts.

Personnel Information						
Employee Last Name		First Name		Middle Name or Initial		Suffix
Social Security Number	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status Since (mm/dd/yyyy)		Phone
Residential Address:		City		State	Zip	County
Mailing Address (If different)			Alternate Way To Contact You (Cell, FAX, Pager, Message Phone)			
Ethnicity/Hispanic Origin						
Hispanic Origin includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. It does not include persons from Portuguese speaking cultures such as Portugal or Brazil. The Spanish/Hispanic/Latino question is about ethnicity, not race.						
Are you of Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Race Information (check all that apply)						
<input type="checkbox"/> American Indian or Alaskan 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.						
<input type="checkbox"/> 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.						
<input type="checkbox"/> Black/African-American - A person having origins in any of the Black racial groups of Africa.						
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.						
<input type="checkbox"/> White/Caucasian - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.						
Disability Information						
<u>Disability Definition</u> - For affirmative action data reporting purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.						
Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, or learning?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						



Veteran Information

For the purpose of determining seniority for granting preference during layoffs and subsequent re-employment, any person who has one or more years of active military service in any branch of the armed forces of the United States or who has less than one year's service and is discharged with a disability incurred in the line of duty or is discharged at the convenience of the government and who, upon termination of such service, has received an honorable discharge, a discharge for physical reasons with an honorable record, or a release from active military service with evidence of service other than that for which an undesirable, bad conduct, or dishonorable discharge is given: Provided, that for the purposes of this section "veteran" does not include any person who has: (1) Twenty or more years active military service, and whose retirement is designated by the armed forces of the United States as "voluntary" as evidenced by the DD Form 214 or other official military records; **and** (2) Whose military retirement pay is in excess of five hundred dollars per month.

If you are a veteran or a surviving spouse of a veteran of active service in the armed forces of the United States, please provide a copy of the military discharge paper (DD214) or (NGB Form 22). Military credit given based on this document.

Vietnam-era Veteran Definition - A person who served on active duty for more than 180 days, any part of which occurred between February 28, 1961*, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; or who was discharged or released from active duty for a service-connected disability if any part of the active duty was performed between August 5, 1964, and May 7, 1975. (*Service between February 28, 1961, and August 5, 1964, must have been performed **within** the Republic of Vietnam in order to qualify.)

Check all that apply

- Non/unspecified Veteran Status.
- Vietnam-era Veteran.
- Non Vietnam-era Veteran.
- Separated or Retired Veteran earning less than \$500 month.
- Separated or Retired Veteran earning more than \$500 month.
- Separated or Retired Disabled Veteran earning less than \$500 month.
- Separated or Retired Disabled Veteran earning more than \$500 month.
- Discharged with a duty-related disability and less than 1 year of service.
- Honorably Discharged with 1 year + of service receiving less than \$500 month.
- Surviving spouse of a veteran.

Branch of Military

- Air Force Army Marine Corps Navy National Guard Coast Guard

Disabled Veteran Definition - A person who is entitled to compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veteran's Affairs to have a serious employment handicap, or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide a letter from the Department of Veteran's Affairs Secretary confirming employment handicap as it relates to item (B).

If you are a disabled veteran, state your percent (%) of disability ____ %

Education Information

Indicate Highest Level Completed

- Less than High School Graduate
- Vocational School did not complete High School
- High School Graduate or GED
- Vocational or Business School
- Some College (two quarters or more)/AA Degree
- College Graduate (BA or BS Degree) 4 Year College
- Some Graduate Work
- M.A./M.S./M.S.W. or Other Master Degree
- Other Graduate Degree (Ph.D./LL.D./M.D./etc.)

Schooling (mm/dd/yyyy)
Start Date & End Date

Education/Training Major

Professional License - If applicable, what type of license, certificate, or registration do you have? (If required for position - provide copy)



Prior State Service		
State Agency or Institute of Higher Education	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Former Name(s) - List All Other Names You Have Been Known By.		

I certify that all the above information is true and complete.

By marking the box above, you are stating that all statements and answers you provided are true and complete to the best of your knowledge. In addition, you understand that the state may verify information and that untruthful or misleading answers are cause for termination of employment.

Date	Employee's Signature
------	----------------------