

## Employee Information

**About this form:** This form is used by Human Resources to collect new or changing important personal information from employees. This information is used to establish new employee records in the Human Resource Management System (HRMS).

### Employee Status

Please select the option that best describes your current status.

I am a current state employee.

If yes, Personnel Number:

I am a new employee to state service.

If yes, Social Security Number:

### Personal Information

Employee name must be entered exactly as it appears on your social security card.

Last Name		First Name		Middle Name		Suffix	
Former Names Known By, if any			Marital Status		Since (MM/DD/YY)		Date of Birth
Permanent Address			City		State	Zip Code	County
Mailing Address (if different)			City		State	Zip Code	County
Phone Number				Secondary Number			

### Prior State Service Information

I have previously worked for a Washington state agency or higher education employer.

No

Yes

Name of state agency or higher education institution	Start Date (Month/Year)	End Date (Month/Year)

### Education Information

My highest level of education completed is:

Name of school(s) attended	School Location (City/State)	Start Date (Month/Year)	End Date (Month/Year)	Major	Level of Education / Degree Received

### Professional License(s) Information

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

Employee Signature

Date Completed

# Employee Affirmative Action and Demographic Data Form

Government agencies provide state and federal periodic reports about the state workforce for equal opportunity and affirmative action efforts. **The demographic information from this form also helps us make better decisions about how we increase representation of underrepresented groups and make our workforce more diverse and inclusive.**

Providing any of this information is **voluntary**, and information will be kept confidential to the extent possible. As of June 11, 2020, the following information collected on this form is **protected from public disclosure** at the individual level: month and year of birth, race and ethnicity, sexual orientation and gender identity (RCW 49.60.040(26)), and status as a person with a disability.

<b>1. Name (Last, First, Middle Initial)</b>	<b>2. Personnel ID Number</b>	<b>3. Date</b>
<i>Please see next page for definitions</i>		
<b>4. Are you age 40 years or older?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Birthdate _____	<b>5. Gender Identity</b> Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-binary <input type="checkbox"/>	<b>6. Gender Designation for Health Insurance Purposes</b> (Used by doctors for billing) Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>7. Are you a person with a disability?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Veterans with a service-connected disability may also meet the definition of a person with a disability. Select both if applicable.</small>	<b>8. Do you identify as LGBTQ+?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Information used to account for workforce representation.</small>	
<b>9. What race and/or ethnicity do you consider yourself? Select <u>all</u> that apply.</b>		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> White
<b>Veteran and Military Spouse Information</b> – Employment preference is given to veterans. The state also provides support and assistance to military spouses in accordance with Executive Order 19-01. <i>Note: To qualify and receive veteran’s preference, you may be asked to provide a record of discharge, DD214, NGB Form 22 or alternate verification of military service and a document from the U.S. Department of Veterans Affairs certifying a service-connected disability for disabled veterans.</i>		
<b>10. Veteran Status? Select <u>all</u> that apply.</b>		
Are you an Eligible Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, discharge date: _____
Are you a Vietnam Era Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of discharge: _____
Are you a Veteran w/service-connected disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a Special Disabled Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>11. Are you currently a member of the reserve component, including the National Guard?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Were you called to active duty from employment with the state? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>11a. If yes, dates:</b> _____ to _____ and		<b>11b. Type of Discharge:</b> _____
<b>12. Are you a military spouse or military registered domestic partner?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>13. Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably discharged 100% service-connected disabled veteran?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature	Date	

Submit completed form to your agency’s Human Resources Office.

For more information on HRMS entry of this form: [OFM Personal Data Job Aid](#).

For Imaging Only	Personnel ID	Doc Date	Section	Doc Type	Sub Doc Type	HR Rep
			AA	Form	AA Profile	

# Employee Affirmative Action and Demographic Data Definitions

## **Person with a Disability ([U.S. EEOC & ADA Amendments Act of 2008](#), September 2008):**

For affirmative action data reporting purposes, people with disabilities are individuals with a permanent, physical, mental or sensory impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, and communicating. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

The impairment must be both permanent and material rather than slight, but not necessarily require a workplace accommodation. An impairment that is episodic or in remission is still a disability if it would substantially limit a major life activity when active. The determination of whether an impairment substantially limits a major life activity shall be made without considering temporary improvements made through mitigating measures such as medication, therapy, reasonable accommodation, prosthetics, technology, equipment, or adaptive devices (but not to include ordinary eyeglasses or contact lenses).

**Gender Designation for Health Insurance Purposes** (Used by doctors for billing): This data is used to meet current requirements for Medicare federal reporting and eligibility determinations, meet health plan vendor requirements, ensure coordination of benefits and efficient claims processing. Please choose the option in this field that you would like your medical provider(s) to use to determine insurance coverage and facilitate claims processing for your health care services.

## **Gender Identity (Washington State DEI Foundational Definitions)**

A person's innermost concept of self as male, female, a blend of both or neither (gender "X" or non-binary). How individuals perceive themselves and what they call themselves. A person's gender identity can be the same or different from their sex assigned at birth.

## **Gender "X" ([WA State Dept. of Health](#))**

Gender X is intended to be an inclusive category to recognize the real diversity of gender identity. Gender X means a gender that is not exclusively male or female.

## **LGBTQ+ ([Governor's Interagency Council on Health Disparities](#))**

LGBTQ+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning. The + allows space for other diverse sexual orientation, gender identity, and gender expression groups.

## **Race and Culture ([US Census Bureau, Race & Ethnicity, January 2017](#))**

**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.

**Asian:** A person having origins in any of the original people 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.

**Hispanic or Latino/a/x:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples 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.

## **Veterans (Title 38 U.S.C., [Executive Order 19-01](#))**

**Eligible Veteran, 38 U.S.C. 4211 (4):** (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than dishonorable discharge; (2) was discharged or released from active duty because of a service-connected disability; (3) as a member of a reserve component served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than dishonorable discharge; or (4) discharged or released from active duty by reason of a sole survivorship discharge as defined in section 1174(i) of title 10.

**Discharge Date:** The most recent discharge date from active military service in any branch of the armed forces, as indicated on the employee's Certificate of Release or Discharge from Active Duty form DD214 or similar discharge paperwork.

**Vietnam Era Veteran, 38 U.S.C. 4211 (2) (4):** A 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. Includes any veteran of the U.S. military, ground, naval or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

**Disabled Veteran, 38 U.S.C. 4211 (3):** A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs or a person who was discharged or released from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

**Special Disabled Veteran:** A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs for:

- a disability rated at 30 percent or more; or
- a disability rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
- a discharge or release from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

**Reserve Component, 38 U.S.C. 101 (7):** Includes Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force Reserve, Army National Guard of the United States, and Air National Guard of the United States.

**Military Spouse or Registered Domestic Partner, Washington State Executive Order 19-01:** A person currently or previously married to a military service member during the service member's time of active, reserve, or National Guard duty.