

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).

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 the demographic information is **voluntary**, and information provided will be kept confidential to the extent possible. However, **information provided on this form may be subject to disclosure under the Public Records Act (RCW 42.56).**

Questions? Contact- [DES Public Records Officer](#)

Personal Information *Please see last page for definitions.*

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

Employee last name	First name	Middle name or initial	Suffix	Former Names Known By:	
I am a: New Employee Current Employee	Personnel Number	Social Security Number (New Employees Only)	Marital status	Since (MM/DD/YY)	Date of Birth
Gender Identity Female Male X/Non-binary	Sex Assigned at Birth Female Male		Do you identify as LGBTQ+? <i>Information used to account for workforce representation.</i> Yes No		
Permanent address (House Number and Street)	City	State	ZIP code		
Mailing address (if different)	City	State	ZIP code		
County	Primary Telephone Number	Secondary Contact Number Cell Other			

Prior State Service Information

I have previously worked for a state agency or a Higher Education employer within the state of Washington: No Yes

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

Education Information

My highest level of education completed is:

Less than High School (HS) graduate	Some college (two quarters or more)	MA/MS/MSW Degree
Vocational or Business School (w/o completing HS)	AA Degree	Other Master Degree
HS Graduate or GED	College graduate: 4 Year Degree	Graduate degree (PhD, LLD, MD, etc.)
Vocational or Business School (after completing HS)	Some graduate work	

Name of School(s) attended	Location of School (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)

Race and Culture (US Census Bureau, Race & Ethnicity, January 2017)

What race and/or ethnicity do you consider yourself? Select all that apply.

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.

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.

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.

Veteran and Military Spouse Information – Employment preference is given to veterans. The State also provides support and assistance to Military Spouses in accordance with Executive Order 19-01. *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 am a US Veteran as indicated below:

I am not a US Veteran

If yes, **Discharge Date:**

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.

Type of Discharge:

Veteran Status (Select all that apply.) (*Title 38 U.S.C., Executive Order 19-01*)

I am an Eligible Veteran

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.

I am a Vietnam Era Veteran

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.

I am a Veteran w/service-connected disability

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.

I am a Special Disabled Veteran

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.

Veteran Status (continued)		
Are you currently a member of the reserve component, including the National Guard? <i>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.</i>		
Yes	No	
Were you called to active duty from employment with the State?		
Yes*	No	
<ul style="list-style-type: none"> If yes, please provide dates: (from) (to) AND Type of Discharge: 		
Are you a military spouse or military registered domestic partner? <i>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.</i>		
Yes	No	
Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably discharged 100% service-connected disabled veteran?		
Yes	No	
My Military Status is:		
Discharged with a duty-related disability and less than one year of service Honorably discharged with one year + of service receiving less than \$500 month Separated or retired veteran earning less than \$500 month Retired veteran earning more than \$500 month		
Disability Information		
I am not a person with a disability per the below definition.	I am a person with a disability per the below definition.	
My disability date is: ____ / ____ (This date is required; please provide the exact or estimated month and year)		
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 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). Disability Date: The date an individual was determined to have a disability.		
Date Signed	Employee's Signature	

Employee Affirmative Action and Demographic Data Definitions
Sex Assigned at Birth The sex that an individual was assigned or designated when born. This binary option will only be used to comply with certain Federal reporting requirements. <i>This information shall not be used by State Agencies for any workforce planning or internal reporting.</i>
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 Department of Health) "X" means a gender that is not exclusively male or female, including, but not limited to, intersex, agender, amalgagender, androgynous, bigender, demigender, female-to-male, neutrois, nonbinary, pangender, third sex, transgender, transsexual, Two Spirit, et cetera.
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.