Eastern Washington University is an affirmative action employer. In order to assist us in meeting our affirmative action commitments and providing the necessary reports to federal and state agencies, we would appreciate you providing this information. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. If you choose to not self-identify, we may obtain the information from existing employment records or visual observation. Thank you for your cooperation.

Position: ___________________________  Department: ___________________________

Last name: ___________________________  First name: ___________________________

Street Address: ___________________________  City: ___________________________  State: ___________________________  Zip: ___________________________

Phone: ___________________________

Work building name: ___________________________  Mail code: ___________________________

Are you ☐ Male □ Female  Date of Birth: __/__/____

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<th>Institution</th>
<th>City &amp; State</th>
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Ethnic Group: Check either yes or no

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

What race(s) or cultures(s) do you consider yourself: check all that apply

☐ American Indian/Alaskan Native. A person with origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

☐ Asian. A person with 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/African-American. A person with origins in any of the black racial groups of Africa.

☐ Hispanic. 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 peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White. A person with origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ Two or more races (not Hispanic or Latino) All persons who identify with more than one of the above races. Mark all that apply above.
**Veteran’s Status**

**Are you a US Veteran? ☐ Yes ☐ No**
If you are a US Veteran, please mark any of the following boxes that apply:

☐ **Vietnam-Era Veteran** - a person who served on active duty for a period of more than 180 days, any part of which occurred between 02/28/1961* and 05/07/1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service-connected disability if any of the active duty was performed between 08/05/1964-05/07/1975. *Service between 02/28/1961-08/14/1964 must have been performed within the Republic of Vietnam.

☐ **Special Disabled Veteran** - a person who is entitled to compensation under laws administered by the Department of Veteran Affairs for a disability: (a) rated at 30 percent or more, (b) rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment handicap, or (c) who has been discharged or released from active duty because of a service-connected disability.

☐ **Disabled Veteran** - a veteran who served on active duty in the U.S. military, ground, naval, or air service who is entitled to compensation under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

☐ **Recently Separated Veteran** - any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

☐ **Armed Forces Service Medal Veteran** - a veteran who, while serving on active duty in the U.S. military ground, naval, or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

☐ **Other Protected Veteran** - a veteran who served on active duty in the U.S. military ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

**Veteran’s Preference:** Eligibility for veteran’s preference is defined in RCW 73.16.010 as honorably discharged soldiers, sailors, and marines who are veterans of any war of the U.S., or of any military campaign for which a campaign ribbon shall have been awarded, and their widow or widowers, shall be preferred for appointment and employment. Age, loss of limb, or other physical impairment, which does not in fact incapacitate, shall not be deemed to disqualify them, provided they possess the capacity necessary to discharge the duties of the position involved: PROVIDED, that spouses of honorably discharged veterans who have a service-connected permanent and total disability shall also be preferred for appointment and employment.

Are you a military veteran eligible for veteran’s preference? ☐ Yes ☐ No
Are you a widow/widower of a military veteran eligible for veteran’s preference? ☐ Yes ☐ No
Are you a spouse/domestic partner of an eligible military veteran with a service-connected permanent and total disability? ☐ Yes ☐ No
Persons claiming veteran’s preference must provide documentation to verify eligibility such as a DD214 form.

**Disability status:**

Do you have a permanent 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, and learning? ☐ Yes ☐ No

*Note: if you mark “yes”, you will be identified as an individual who meets the affirmative action criteria for persons with disabilities.*