



## Eastern Washington University Employee Demographics

Eastern Washington University is an affirmative action employer. In order to assist us in increasing our diversity consistent with our affirmative action plan in accordance with state and federal law 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, a member of Human Resources 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 County: \_\_\_\_\_  
 Work building name: \_\_\_\_\_ Mail code: \_\_\_\_\_  
 Are you  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

| Education:               | Year Obtained | Institution | City & State | Major |
|--------------------------|---------------|-------------|--------------|-------|
| High School              |               |             |              |       |
| Associate                |               |             |              |       |
| Bachelor's               |               |             |              |       |
| Masters                  |               |             |              |       |
| Other Doctorate          |               |             |              |       |
| Ph. D                    |               |             |              |       |
| Vocational Certification |               |             |              |       |

**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:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>American Indian/Alaskan Native.</b> 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.   |
| <input type="checkbox"/> | <b>Asian.</b> 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. |
| <input type="checkbox"/> | <b>Black/African-American.</b> A person with origins in any of the black racial groups of Africa.  |
| <input type="checkbox"/> | <b>Hispanic.</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  |
| <input type="checkbox"/> | <b>Native Hawaiian or Other Pacific Islander.</b> A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |
| <input type="checkbox"/> | <b>White.</b> A person with origins in any of the original peoples of Europe, North Africa or the Middle East.   |
| <input type="checkbox"/> | <b>Two or more races (not Hispanic or Latino)</b> All persons who identify with more than one of the above races. Mark all that apply above  |

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## 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:

**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.

**Active Duty Wartime or Campaign Badge 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.

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**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.

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**Disability status:** You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a record of such an impairment or medical condition. Disabilities include, but are not limited to:

|   |   |  |   |
|---|---|--|---|
| <ul style="list-style-type: none"><li>• Blindness</li><li>• Deafness</li><li>• Cancer</li><li>• Diabetes</li><li>• Epilepsy</li></ul> | <ul style="list-style-type: none"><li>• Autism</li><li>• Cerebral palsy</li><li>• HIV/AIDS</li><li>• Schizophrenia</li><li>• Muscular dystrophy</li></ul> | <ul style="list-style-type: none"><li>• Bipolar disorder</li><li>• Major depression</li><li>• Multiple sclerosis (MS)</li><li>• Missing limbs or partially missing limbs</li></ul> | <ul style="list-style-type: none"><li>• Post-traumatic stress disorder (PTSD)</li><li>• Obsessive compulsive disorder</li><li>• Impairments requirement the use of a wheelchair</li><li>• Intellectual disability</li></ul> |
|---|---|--|---|

Please check one of the boxes below:

Yes, I have a disability (or previously had a disability)

No, I don't have a disability

I don't wish to answer

*Note: if you mark "yes", you will be identified as an individual who meets the affirmative action criteria for persons with disabilities. If you would like to request an accommodation in order to assist you in performing the essential functions of your job, please contact Caren Lincoln, Human Resources Manager, at (509) 359-2384 or [clincoln@ewu.edu](mailto:clincoln@ewu.edu)*