# 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**. Information provided on this form may be subject to disclosure under the Public Records Act (RCW 42.56).**

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| --- | --- | --- | --- | --- |
| **Name (Last, First, Middle Initial)** | | | **EWU ID Number** | **Date** |
| **Department** | | |  |  |
| ***Please see next page for definitions*** | | | | |
| **Date of Birth** | **Legal Sex**  Female  Male | **Do you identify as LGBTQ+?**  *Information used to account for workforce representation.*  Yes  No | | |
| **Gender Identity**  Female  Male  X/Non-binary  Transgender Female  Transgender Male | | | | |
| **What race and/or ethnicity do you consider yourself? Select all that apply.**  American Indian or Alaska Native  Hispanic or Latino Native  Asian  Native Hawaiian or Other Pacific Islander  Black or African American  White | | | | |
| **Education**  Bachelors ­­\_\_\_ year earned  PhD ­­­ ­­\_\_\_ year earned  Masters ­­­ ­­\_\_\_ year earned  Other ­­­ ­­\_\_\_ year earned | | | | |
| **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.* | | | | |
| **Veteran Status? Select all that apply.**  Are you an Eligible Veteran?  Yes  No If yes, discharge date: ­­\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_  Are you a Vietnam Era Veteran?  Yes  No Type of discharge**:**  ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you a Veteran w/service-connected disability?  Yes No  Are you a Special Disabled Veteran?  Yes No | | | | |
| **Are you currently a member of the reserve component, including the National Guard?**  Yes  No Were you called to active duty from employment with the state?  Yes  No  **If yes, dates**: ­­\_\_\_\_\_\_ to ­­\_\_\_\_\_\_ and **Type of Discharge**: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Are you a military spouse or military registered domestic partner?**  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 | | | | |
| **Signature** | | | **Date**  ­­ | |

Submit completed form to EWU’s Human Resources Office – 314 Showalter Hall or [hr@ewu.edu](mailto:hr@ewu.edu)

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005  
Page 1 of 1 Expires 04/30/2026

Name: Date:

Employee ID:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](https://www.dol.gov/ofccp).

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your “major life activities.” If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

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| * Alcohol or other substance use disorder (not currently using drugs illegally) | * Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders | * Nervous system condition, for example, migraine headaches, Parkinson’s disease, multiple sclerosis (MS) |
| * Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS | * Epilepsy or other seizure disorder | * Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities |
| * Blind or low vision | * Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome | * Partial or complete paralysis (any cause) |
| * Cancer (past or present) | * Intellectual or developmental disability | * Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema |
| * Cardiovascular or heart disease | * Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD | * Short stature (dwarfism) |
| * Celiac disease | * Missing limbs or partially missing limbs | * Traumatic brain injury |
| * Cerebral palsy | * Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports |  |
| * Deaf or serious difficulty hearing |  |  |
| * Diabetes |  |  |

Please check one of the boxes below:

**☐** Yes, I have a disability, or have had one in the past

**☐** No, I do not have a disability and have not had one in the past

**☐** I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

# Employee Affirmative Action and Demographic Data Definitions

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| **Legal Sex**  The sex that an individual has identified on formal government documentation, such as birth certificate or passport. This binary option will only be used to comply with certain federal reporting requirements. *This information shall not be used by state agencies for any workforce planning or internal reporting.* |
| **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)**](https://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce/SexDesignationChangeonaBirthCertificate)  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)**](https://healthequity.wa.gov/Portals/9/Doc/Publications/Reports/EquityLanguageGuide_Final_.pdf)  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**)](https://www.census.gov/mso/www/training/pdf/race-ethnicity-onepager.pdf)  **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)**](https://www.governor.wa.gov/sites/default/files/exe_order/19-01_VeteranAndMilitaryFamily%20.pdf)  **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. |