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).

Name (Last, First, Middle Initial)	EWU ID Number	Date
Department		
Please see next page for definitions		
Date of Birth Gender Identity Female Male		Legal Sex Female Male
☐ Transgender Female ☐ Transgender Male		
Are you a person with a disability? Veterans with a service-connected disability may also meet the definition of a person with a disability. Select both if applicable. Do you identify as LGBTQ+? Information used to account for workforce representation.		
Yes ☐ No ☐ I do not wish to answer ☐ Yes ☐ No 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 Other 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 Type of discharge: Are you a Veteran w/service-connected disability? Yes No No Are you a Special Disabled Veteran? Yes No No No No Are you a Special Disabled Veteran? Yes No		
Are you currently a member of the reserve component, including the National Guard?		
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?		
Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably		
discharged 100% service-connected disabled veteran?		
Signature	Date	

Submit completed form to EWU's Human Resources Office – 314 Showalter Hall or hr@ewu.edu