

Voluntary Employee Demographic Data Form

Government agencies provide state and federal periodic reports about the state workforce for equal opportunity efforts. This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal and State equal employment opportunity laws.

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	Legal Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Do you identify as LGBTQ+? <i>Information used to account for workforce representation.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-binary <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male			
What race and/or ethnicity do you consider yourself? Select <u>all</u> that apply. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White			
Education <input type="checkbox"/> Bachelors ____ year earned <input type="checkbox"/> PhD ____ year earned <input type="checkbox"/> Masters ____ year earned <input type="checkbox"/> 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. <i>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>			
Veteran Status? Select <u>all</u> that apply. Are you an Eligible Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, discharge date: _____ Are you a Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of discharge: _____ Are you a Veteran w/service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Special Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently a member of the reserve component, including the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you called to active duty from employment with the state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates: _____ to _____ and Type of Discharge: _____			
Are you a military spouse or military registered domestic partner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably discharged 100% service-connected disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature		Date	

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

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

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.

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:**

<ul style="list-style-type: none">Alcohol or other substance use disorder (not currently using drugs illegally)	<ul style="list-style-type: none">Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders	<ul style="list-style-type: none">Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
<ul style="list-style-type: none">Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS	<ul style="list-style-type: none">Epilepsy or other seizure disorder	<ul style="list-style-type: none">Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
<ul style="list-style-type: none">Blind or low vision	<ul style="list-style-type: none">Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome	<ul style="list-style-type: none">Partial or complete paralysis (any cause)
<ul style="list-style-type: none">Cancer (past or present)	<ul style="list-style-type: none">Intellectual or developmental disability	<ul style="list-style-type: none">Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
<ul style="list-style-type: none">Cardiovascular or heart disease	<ul style="list-style-type: none">Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD	<ul style="list-style-type: none">Short stature (dwarfism)
<ul style="list-style-type: none">Celiac disease	<ul style="list-style-type: none">Missing limbs or partially missing limbs	<ul style="list-style-type: none">Traumatic brain injury
<ul style="list-style-type: none">Cerebral palsy	<ul style="list-style-type: none">Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports	
<ul style="list-style-type: none">Deaf or serious difficulty hearing		
<ul style="list-style-type: none">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.

Voluntary Employee Demographic Data Definitions

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](#))

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)

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 ([Census Race & Ethnicity, 2024](#))

American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.

Asian: A person having origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.

Black or African American: A person having origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.

Hispanic or Latino/a/x: A person of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.

Middle Eastern or North African: A person having origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.

White: A person having origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.

Veterans (Title 38 U.S.C., [Executive Order 19-01](#))

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.