

Washington Military Department Employee Questionnaire

Personal Information

Name (Last, First, Middle Name)				Suffix	
Home Telephone number			Cell Number		
Permanent address (House Number and Street)		City		State	ZIP code
Mailing address (if different)		City	ZIP code	Alternate way to contact you (message phone)	

In Case of Emergency Notify (List order to be contacted)

Name	Phone number	Relationship

Education information

Indicate highest level completed Less than High School graduate High School Graduate or GED Some college (two quarters or more)/AA Degree Some graduate work Other graduate degree (Ph.D./LL.D./M.D./etc.)				Vocational school - did not complete High School Vocational or Business School College graduate (BA or BS Degree) 4 Year college M.A./M.S./M.S.W. or other Masters Degree	
Name of school and location	Schooling Start date	(MM/DD/YY) End date	Education/training major		

Professional license - If applicable, what type of license, certificate, or registration do you have? (If required for position - provide copy)

Prior state service

Name of state agency or institute of higher education	Start Date	End Date

Former name(s) - list all other names you have been known by

I certify that all the above information is true and complete.

By marking the box above, you are stating that all statements and answers you provided are true and complete to the best of your knowledge. In addition, you understand that the state may verify information and that untruthful or misleading answers are cause for termination of employment.

Date signed	Employee's Signature
-------------	----------------------

The Public Records Act, RCW 42.56, et. seq., requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department of Enterprise Services will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.

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. As of June 11, 2020, the following information collected on this form is **protected from public disclosure** at the individual level: month and year of birth, race and ethnicity, sexual orientation and gender identity (RCW 49.60.040(26)), and status as a person with a disability.

1. Name (Last, First, Middle Name)	2. Personnel ID Number	3. Date
<i>Please see next page for definitions</i>		
4. Are you age 40 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Birthdate _____	5. Gender Identity Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-binary <input type="checkbox"/>	6. Gender Designation for Health Insurance Purposes (Used by doctors for billing) Female <input type="checkbox"/> Male <input type="checkbox"/>
7. Are you a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Veterans with a service-connected disability may also meet the definition of a person with a disability. Select both if applicable.</small>	8. Do you identify as LGBTQ+? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Information used to account for workforce representation.</small>	
9. 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"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> White
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>		
10. Veteran Status? Select <u>all</u> that apply.		
Are you an Eligible Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, discharge date: _____
Are you a Vietnam Era Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of discharge: _____
Are you a Veteran w/service-connected disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a Special Disabled Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Are you currently a member of the reserve component, including the National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Were you called to active duty from employment with the state? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11a. If yes, dates: _____ to _____ and		11b. Type of Discharge: _____
12. Are you a military spouse or military registered domestic partner? Yes <input type="checkbox"/> No <input type="checkbox"/>		
13. Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably discharged 100% service-connected disabled veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature	Date	

Submit completed form to your agency’s Human Resources Office.

For more information on HRMS entry of this form: [OFM Personal Data Job Aid](#).

For Imaging Only	Personnel ID	Doc Date	Section	Doc Type	Sub Doc Type	HR Rep
			AA	Form	AA Profile	

Employee Affirmative Action and Demographic Data Definitions

Person with a Disability ([U.S. EEOC & ADA Amendments Act of 2008](#), September 2008):

For affirmative action data reporting purposes, people with disabilities are individuals with a permanent, physical, mental or sensory impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, and communicating. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

The impairment must be both permanent and material rather than slight, but not necessarily require a workplace accommodation. An impairment that is episodic or in remission is still a disability if it would substantially limit a major life activity when active. The determination of whether an impairment substantially limits a major life activity shall be made without considering temporary improvements made through mitigating measures such as medication, therapy, reasonable accommodation, prosthetics, technology, equipment, or adaptive devices (but not to include ordinary eyeglasses or contact lenses).

Gender Designation for Health Insurance Purposes (Used by doctors for billing): This data is used to meet current requirements for Medicare federal reporting and eligibility determinations, meet health plan vendor requirements, ensure coordination of benefits and efficient claims processing. Please choose the option in this field that you would like your medical provider(s) to use to determine insurance coverage and facilitate claims processing for your health care services.

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 ([US Census Bureau, Race & Ethnicity, January 2017](#))

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](#))

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.

Washington Military Department Vehicle Safety and Driver's License Statement

Vehicle Operating Practices, Expectations and Requirements

- State vehicles may only be used only for official state business and occupied by passengers (employees, contractor, and volunteers) that are conducting official state business.
- Adhere to speed limits and traffic regulations. Driver is personally responsible to pay for any traffic and/or parking infractions, or civil penalties.
- Make reasonable efforts to adjust driving speeds and driving distance to the traffic flow and conditions to maintain safe driving procedures in the presence of road hazards (i.e. construction, traffic congestion, weather) or other conditions that general safe handling of the vehicle.
- Only use cell phone with a use "hands-free" device and avoid the distraction by minimizing use while driving.
- Do not use electronic devices requiring keyed data while driving.
- Properly load passengers, cargo and equipment to avoid potential interference or safety hazards with the operation of the vehicle.
- Make reasonable efforts to minimize driver fatigue. Drive rested, take stretch/rest breaks, and/or share driving with other authorized driver.
- Do not drive under the influence of alcohol or drugs. This restriction includes all illegal drugs, and prescription/over-the-counter drugs that interfere with a driver's safety.
- No alcohol, pets, personal weapons, or unauthorized passengers will be transported in a state owned or leased vehicle.
- Smoking is strictly prohibited in any state-owned vehicle.
- Accident/Loss claims by unauthorized passengers are rejected without payment by the State and would be my personal responsibility, RCW 4.92.

Employee Certification and Acknowledgement

I certify that I have a valid driver's license and can legally operate a motor vehicle under Washington State law. I have at least two years of experience as a licensed motor vehicle driver. I acknowledge and understand that as a condition of driving a state-owned vehicle or driving any vehicle as a component of my position with the Washington Military Department, that I will maintain a valid driver's license and agree to abide by above listed expectations and requirements. Further, I agree to inform my supervisor or the Risk Manager no later than the next business day if my status to legally drive changes or if I have motor vehicle accident.

Driver's License Number	Expiration Date
Name (Last, First, Middle name)	
Employee Signature	Date