

**EMPLOYEE INFORMATION  
TO BE COMPLETED BY EMPLOYEE**

- The information provided on this form will remain confidential by Human Resources.
- Fields that are marked with an asterisk (\*) are required.
- This is a required form. It must be completed and returned within two business days, or your appointment may be delayed.

**BIOGRAPHICAL DETAILS (Legal Name Required)**

*First Name	*Middle Initial	*Last Name	Suffix
*Date of Birth:	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

\*Marital Status

Married      As of: \_\_\_\_\_

Unmarried      As of: \_\_\_\_\_

*Primary Ethnic Group - You may indicate more than one group below, but only one of the racial/ethnic groups may be marked as the primary. Enter a "P" for your primary and an "X" for additional groups.  American Indian/Alaska Native Black/African American Asian/Pacific Islander	Hispanic/Latino White	*Military Status <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran
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\*Disability Status

Not Disabled       Disabled

\*Severely Disabled Status

Not Severely Disabled       Severely Disabled

Per Wis. Stat. § 230.04(9r):

2. "Severely disabled employee" means an employee in the classified service with a chronic disability if the chronic disability meets all of the following conditions:
  - a. It is attributable to a mental or physical impairment or combination of mental and physical impairments.
  - b. It is likely to continue indefinitely.
  - c. It results in substantial functional limitations in one or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; capacity for independent living; and economic self-sufficiency.

For disabled veterans only, select the best description below. Otherwise, continue on to the Contact Information section.

- Veteran with less than 30 percent service-connected disability.
- Veteran with at least 30 percent but less than 70 percent service-connected disability.
- Veteran with 70 percent or greater service-connected disability.
- Spouse of a disabled veteran whose service-connected disability is at least 70 percent.
- Unremarried spouse of a veteran killed in action or a veteran who died of a service-connected disability.

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**REASONABLE ACCOMODATIONS**

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Do you need reasonable accommodation to enable you to perform your Job?  Yes  No

***If you answer yes, please contact your supervisor or DOA Equal Opportunity Program Specialist for information about how to make a formal accommodation request.***

Will you need any special help in the event of an emergency evacuation?  Yes  No

***If you answer yes, please notify your immediate supervisor in writing that you will need assistance in an emergency evacuation.***

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**CONTACT INFORMATION**

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\*Home Address

Street Address

City	State	Zip Code	County
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Mailing Address  Check if same as above

Street Address

City	State	Zip Code	County
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\*Home Phone Number

\*Cell Phone Number

\*Preferred Email Address

Not Applicable

Not Applicable

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**TO BE COMPLETED BY HUMAN RESOURCES ONLY**

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Position Number	Classification	Date Sent
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