

**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

*First Name	*Middle Initial	*Last Name	Suffix
*Date of Birth:	*Gender	Male Female	*SSN
*Marital Status			*Marital Status "As of" Date (Not applicable if single)
<input type="checkbox"/> Dissolved Domestic Partnership <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Single			<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
*Primary Ethnic Group			*Military Status
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			<input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran
*Disability Status			
<input type="checkbox"/> Not Disabled <input type="checkbox"/> Disabled			
*Severely Disabled Status			
<input type="checkbox"/> Not Severely Disabled <input type="checkbox"/> 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.
- (b) The administrator shall keep a record of all of the following:
1. The number of severely disabled employees and the percentage of severely disabled employees of the total number of employees in the classified service.
 2. The number of severely disabled employees hired in each calendar year and the percentage of severely disabled employees among all persons hired in the classified service in that year.

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.
- Disabled spouse of a disabled veteran whose service-connected disability is at least 70 percent.
- Severely disabled 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.
- Disabled unremarried spouse of a veteran killed in action or a veteran who died of a service-connected disability.
- Severely disabled unremarried spouse of a veteran killed in action or a veteran who died of a service-connected disability.

CONTACT INFORMATION

*Home Address

Street Address

City

State

Zip Code

County

Mailing Address

Check if same as above

Street Address

City

State

Zip Code

County

Home Phone Number

Cell Phone Number

*Preferred Email Address

TO BE COMPLETED BY HUMAN RESOURCES ONLY

Position Number

Classification

Date Sent