

**DOA PERSONNEL PROFILE UPDATE
TO BE COMPLETED BY EVERY EMPLOYEE**

Please complete this form and return to your Department/Division Human Resources Office. This information will be maintained only in personnel files, which must be kept confidential under State law. The purpose of the information is to evaluate our efforts to have a representative workforce.

DATE:	DIVISION:
NAME:	LAST 4 DIGITS OF SS #:
RACE <input type="checkbox"/> White (Non-Hispanic/Latino) <input type="checkbox"/> Black or African American (N-H/L) <input type="checkbox"/> Asian (Non-Hispanic/Latino) <input type="checkbox"/> American Indian or Alaskan Native (N-H/L) <input type="checkbox"/> Native Hawaiian or other Pacific Islander (N-H/L) <input type="checkbox"/> Two or more Races (Non-Hispanic/Latino) <input type="checkbox"/> Hispanic/Latino	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
DISABILITY A disability is any physical or mental impairment which substantially limits one or more major life activities. A person with a disability is one who: (i) has such an impairment; (ii) has a record of such an impairment; or (iii) is regarded as having such an impairment. The reporting of a disability is voluntary. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A <input type="checkbox"/> None/Prefer not to report B <input type="checkbox"/> Blind or severely visually impaired C <input type="checkbox"/> Deaf or severely hearing impaired </div> <div style="width: 45%;"> D <input type="checkbox"/> Loss or limited use of arms and/or hands E <input type="checkbox"/> Other: _____ </div> </div>	
VETERANS Are you a Veteran? A veteran with an honorable discharge who serviced on active duty between August 5, 1964 and May 7, 1975 is considered a Vietnam Era veteran. Date of Discharge: ____/____/____	
<input type="checkbox"/> PROTECTED VETERANS <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Not a Protected Veteran <input type="checkbox"/> Non-Veteran MILITARY STATUS <input type="checkbox"/> Inactive Reservist <input type="checkbox"/> Retired Reservist <input type="checkbox"/> Active <input type="checkbox"/> Drilling Reservist	Additional Veteran Status <input type="checkbox"/> Separated <input type="checkbox"/> Retired State Statute <input type="checkbox"/> Spouse of disabled veteran <input type="checkbox"/> Spouse or surviving dependent of deceased veteran Disability Please indicate disability status in section above