Central
North
South
SVI

WORKFORCE PROFILE INFORMATION

Name _____ **SID#** _____

RACE/ETHNICITY Which race/ethnicity do you consider yourself to be? *Check only one.*

- ☐ Caucasian/White (800)
- ☐ Black/African-American (870)
- ☐ Eskimo (935)
- ☐ Aleut (941)
- ☐ Chinese (605)
- ☐ Filipino (608)
- ☐ Hawaiian (653)
- ☐ Korean (612)
- ☐ Vietnamese (619)
- ☐ Japanese (611)
- ☐ Asian Indian (600)
- ☐ Samoan (655)
- ☐ Guamanian (660)
- ☐ Indian (American) *Print the name of the enrolled or principal tribe:* _____
- ☐ Other Race/Ethnicity *Please print.* _____

SPANISH/HISPANIC ORIGIN Are you or are you not of Spanish/Hispanic origin? *Check only one.*

- ☐ No (not Spanish/Hispanic) (999)
- ☐ Yes, Mexican, Mexican-American, Chicano (722)
- ☐ Yes, Puerto Rican (727)
- ☐ Yes, Cuban (709)
- ☐ Yes, other Spanish/Hispanic *Print one group name, i.e. Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.* _____

DISABILITY STATUS Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities? ☐ No ☐ Yes

*If **YES**, please check one of the following:*

- ☐ Ambulatory/Mobility (1)
- ☐ Visual (2)
- ☐ Hearing (3)
- ☐ Mental/psychological (4)
- ☐ Multiple disabilities (5)
- ☐ Other (9)

Do you have a physical, mental, or health condition that has lasted six or more months which limits the kind or amount of work you can do at a job? ☐ Yes ☐ No

VETERAN STATUS Are you a veteran of the U.S. armed forces? ☐ No ☐ Yes

*If **YES**, please check one of the following*:

- ☐ Disabled Vietnam-era veteran (DV) *
- ☐ Vietnam-era veteran (VV)*
- ☐ Other veteran (OV)
- ☐ Disabled veteran (DO)

OPT-OUT

☐ My preference is to **not** provide demographic information.

Signature of Employee_____ **Date**_____