

**PERSONNEL/DEMOGRAPHIC INFORMATION**  
*(Confidential Use)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Last                      First                      (Middle Initial)

Position/Job Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender:     Male            Female                      Date of Birth: \_\_\_\_\_

---

**Ethnicity** (Please check only one. Section 53001 of Title 5 specifies that a person may be included in the group to which he or she appears to belong, identifies as his/her group, or is regarded in the community as belonging, but shall be counted in only one ethnic group.)

- American Indian/Alaskan Native
- Black/African-American
- Cambodian
- Central American
- Chinese
- Cuban
- East Indian
- Filipino
- Guamanian
- Hawaiian
- Japanese
- Korean
- Laotian
- Mexican, Latino, Chicano
- Middle Eastern
- Other Asian
- Other Hispanic
- Other Non-White
- Pacific Islander
- Puerto Rican
- Samoan
- South American
- Vietnamese
- White/Caucasian
  
- Unknown

---

**Disability/Limitation** which, (1) substantially restricts one or more major life activity, or (2) has a record of such impairment, or (3) is regarded by others as having such impairment. (Please check all those applicable).

- Acquired Brain Injury
- Communication Disability – Hearing
- Communication Disability – Speech
- Developmentally Delayed Learner
- Health Impairment
- Learning Disability
- Multiple Disabilities
- Physical Disability – Mobility
- Physical Disability – Other
- Physical Disability – Visual
- Psychological Disability