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**Affirmative Action Profile (Confidential)**

Government agencies require periodic reports about the state workforce for equal opportunity and affirmative action efforts. Providing such information about yourself is voluntary and your response will be used in accordance with Washington State’s equal opportunity and affirmative action efforts. For more information, view the [Affirmative Action Definitions](http://www.careers.wa.gov/AffirmativeActionDefinitions.html).

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| --- | --- | --- | --- | --- |
| Name (Last, First and Middle Initial): | | | | Recruitment number: |
| Are you 40 years or older?  Yes No | Gender  Male Female X\* | | Are you a person with a disability?  Yes No Prefer not to answer | |
| How did you learn of this position? Please specify: | | | | |
| What race or culture do you consider yourself? Select all that apply. | | | | |
| African American or Black (570)  Asian (621)  Caucasian or White (800) | | Hispanic or Latino (722)  Native American (597) or Alaska Native  Native Hawaiian (653) orother Pacific Islander | | |
| Other Race or Culture (specify): | | | | |
| **Veteran Information**  Employment preference is given to veterans who meet state qualifications, their spouses or registered domestic partner. Note: to qualify and receive veteran’s preference, you may provide a copy of your record of discharge, DD214, NGB Form 22, or alternate verification or military service with your application packet. | | | | |
| Are you a US Veteran, other than a Vietnam-era Veteran (OV)?  Yes  No  Are you a Vietnam-era Veteran (VV)?  Yes  No  Are you a disabled US Veteran (DO)?  Yes  No  Are you a disabled Vietnam-era Veteran (DV)?  Yes  No  Are you entitled to compensation under laws administered by the US Department of Veterans Affairs (USDVA) for disability?  Yes, I have a service disability rated at 30 percent or more.  Yes, I have a service disability rated at 10-20 percent as determined by the USDVA, which has resulted in a serious employment handicap, and I can provide a letter from the USDVA confirming this status.  Yes, I was discharged or released from active duty for a disability incurred or aggravated in the line of duty.  No, I am not entitled to compensation as stated.  **Are you the spouse or registered domestic partner** of a deceased veteran (SV), OR are you the spouse or registered domestic partner of an honorably discharged 100% service disability veteran?  Yes  No  Are you currently employed in a permanent (or permanent project) position with another state agency?  Yes  No  If yes, and you were called to active duty from employment with the state for at least 180 days, list the dates, from       to       and the type of discharge:      . | | | | |

\*Gender X defines a gender that is not exclusively male or female, including, but not limited to intersex, agender, amalgagender, androgynous, bigender, demigender, female-to-male, genderfluid. Genderqueer, male-to-female, neutrois, nonbinary, pangender, third sex, transgender, transsexual, Two Spirit, and unspecified.