South Puget Sound
COMMUNITY COLLEGE

Personnel Record Information

For Recordkeeping Purposes Only

As an Equal Opportunity Employer, South Puget Sound Community College is required to report the composition of its workforce to the state and federal government. The information on this form will be filed separately and will not be available to those processing your application. It will be available only to the person responsible for government reporting or for affirmative action reasons, and safeguards will be used to prevent the discriminatory abuse of this information. Additionally, this information is used to ensure that employee records in ctcLink are accurate and up to date, and that all personnel information related to taxes is valid for reporting to the Department of Retirement Systems (DRS). Your voluntary cooperation is greatly appreciated.

Personal Information

Legal Name: _____

Preferred Name: _____

Legal Sex: _____

Preferred Pronouns: _____

Emergency Contact: _____ *Phone #:* _____

Permanent Address

Street Address: _____

City / State / ZIP: _____

Race / Ethnicity

What race do you consider yourself to be? (Check all that apply or specify)

☐ American Indian or Alaskan Native ☐ White ☐ Black or African American

☐ Native Hawaiian or Pacific Islander ☐ Asian (Please specify): _____

☐ Other (Please specify): _____

Are you Hispanic or Latino? (Check one)

☐ No, not Hispanic or Latino ☐ Yes, Mexican American

☐ Yes, Hispanic or Latino (including Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)

Disability Status

Do you have a physical, sensory, or mental impairment that substantially limits one or more life activities (e.g., walking, seeing, hearing, breathing, or learning)?

☐ No ☐ Yes

Do you have a physical, mental, or other health condition that has lasted for 6 or more months and limits the kind or amount of work you can do at a job?

☐ No ☐ Yes

Veterans Preference*

☐ Vietnam-Era Veteran: Served on active duty for more than 180 days, including any of the period from August 5, 1964, through May 7, 1975, and received other than a dishonorable discharge, or released from active duty during the same period for a service-connected disability.

☐ Disabled Veteran: Entitled to veteran's disability compensation of 30% or more, or released from active duty for a service-connected disability.

☐ Military veteran eligible for veteran's preference.

☐ Widow/widower of a military veteran eligible for veteran's preference.

☐ Spouse of an eligible military veteran with a service-connected permanent and total disability.

**Eligibility for veteran's preference is defined in RCW 73.16.010. Applicants claiming eligibility may be required to provide documentation such as a DD-214 or NGB-22.*

Prior State Employment

Have you been employed by any other Washington State agency? ☐ Yes ☐ No

If yes, Agency: _____
Date: _____

Employee Acknowledgment

Employee Signature: _____ **Date:** _____