

NEW EMPLOYEE INFORMATION

- This is a required form to be completed by all new employees including Permanent, LTE, and Project.
- Complete and return within two business days to Human Resources (HR), or your start date may be delayed.
- Fields that are marked with an asterisk (*) are required by the HR system.
- The information provided on this form will remain confidential.

BIOGRAPHICAL INFORMATION

*First Name (Legal Name)	*Middle Initial	*Last Name (Legal Name)	Suffix
*Date of Birth (mm/dd/yy)	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
*Marital Status (for Benefit Information System Requirements)			
<input type="checkbox"/> Single (never married)	<input type="checkbox"/> Divorced as of	(mm/dd/yy)	
<input type="checkbox"/> Married as of (mm/dd/yy)	<input type="checkbox"/> Widowed as of	(mm/dd/yy)	

CONTACT INFORMATION

*Home Street Address

*City	*State	*ZIP Code	
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Mailing Street Address (if different from home address above)

City	State	ZIP Code	
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*Preferred Phone Number	*Phone Type <input type="checkbox"/> Home Phone <input type="checkbox"/> Personal Cell Phone <input type="checkbox"/> Other Phone
Secondary Phone Number	Phone Type <input type="checkbox"/> Home Phone <input type="checkbox"/> Personal Cell Phone <input type="checkbox"/> Other Phone

*Email Address

DEMOGRAPHIC INFORMATION

Primary Racial/Ethnic Group (Check one)

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> White |

Secondary Racial/Ethnic Group (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> White |

Disability Status

- Not Disabled Disabled
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Severely Disabled Status

- Not Severely Disabled Severely Disabled

Per Wis. Stat. § 230.04(9r):

- (a)** "Severely disabled employee" means an employee in the classified service with a chronic disability if the chronic disability meets all of the following conditions:
- a. It is attributable to a mental or physical impairment or combination of mental and physical impairments.
 - b. It is likely to continue indefinitely.
 - c. It results in substantial functional limitations in one or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; capacity for independent living; and economic self-sufficiency.
- (b)** The administrator shall keep a record of all of the following:
- a. The number of severely disabled employees and the percentage of severely disabled employees of the total number of employees in the classified service.
 - b. The number of severely disabled employees hired in each calendar year and the percentage of severely disabled employees among all persons hired in the classified service in that year.
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Veteran Status

- Not a Veteran Veteran

For disabled veterans or spouses of disabled veterans only, select the best description below:

- Veteran with less than 30 percent service-connected disability.
- Veteran with at least 30 percent but less than 70 percent service-connected disability.
- Veteran with a 70 percent or greater service-connected disability.
- Spouse of a disabled veteran whose service-connected disability is at least 70 percent.
- Unremarried spouse of a veteran killed in action.
- Unremarried spouse of a veteran who died of a service-connected disability.
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