

**EMPLOYEE INFORMATION
 TO BE COMPLETED BY EMPLOYEE**

- The information provided on this form will remain confidential by Human Resources.
- Fields that are marked with an asterisk (*) are required.
- This is a required form. It must be completed and returned within two business days, or your appointment may be delayed.

BIOGRAPHICAL DETAILS

*Legal First Name	*Middle Initial	*Legal Last Name	Suffix
*Date of Birth (mm/dd/yy)	*Gender Male Female		
*Marital Status (for Benefit Information System Requirement) Single Married as of _____ (mm/dd/yy) Divorced as of _____ (mm/dd/yy) Widowed as of _____ (mm/dd/yy)			
*Primary Ethnic Group (Check one) American Indian/Alaska Native Asian Black/African American Hispanic/Latino Native Hawaiian/Other Pacific Islander White			
*Secondary Ethnic Group (Check all that apply) American Indian/Alaska Native Asian Black/African American Hispanic/Latino Native Hawaiian/Other Pacific Islander White			
*Disability Status Not Disabled Disabled		*Severely Disabled Status Not Severely Disabled Severely Disabled	
Per Wis. Stat. § 230.04(9r): 2. "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: 1. The number of severely disabled employees and the percentage of severely disabled employees of the total number of employees in the classified service. 2. 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.			
*Military Status Not a Veteran Veteran			
For disabled veterans only, select the best description below. Otherwise, continue on to the Contact Information section. 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 70 percent or greater service-connected disability. Spouse of a disabled veteran whose service-connected disability is at least 70 percent. Disabled spouse of a disabled veteran whose service-connected disability is at least 70 percent. Severely disabled spouse of a disabled veteran whose service-connected disability is at least 70 percent. Unremarried spouse of a veteran killed in action or a veteran who died of a service-connected disability. Disabled unremarried spouse of a veteran killed in action or a veteran who died of a service-connected disability. Severely disabled unremarried spouse of a veteran killed in action or a veteran who died of a service-connected disability.			

CONTACT INFORMATION

(W-4) Home Address	*Street Address			
	*City	*State	*Zip Code	*County
Mailing Address	Street Address Check if same as above			
	City	State	Zip Code	County
*Home Phone Number	*Cell Phone Number	*Preferred Email Address		
Not Applicable	Not Applicable			