

**PERSONAL INFORMATION FORM**

Persons with a disability who need assistance in the application process or those needing this announcement in an alternative format may call TDD 360-664-3631. **Completing this form is voluntary.**

**Office of Superintendent of Public Instruction  
Personal Data Sheet  
(Optional)**

If you have decided to apply for the Washington State-funded Education Leadership Intern Program, we would appreciate your voluntary cooperation in responding to the questions below. This information will assist in ensuring equal employment opportunity and is strictly confidential, available only to authorized staff and the hiring authority. Please check or write appropriate responses.

1. What race or ethnic group do you consider yourself? If you have more than one racial/ethnic group background, please indicate "Other Race/Ethnic Group" below.

- |                                    |   |  |                                   |                                       |
|------------------------------------|---|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Vietnamese       | <input type="checkbox"/> Filipino      | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> India Indian |
| <input type="checkbox"/> Japanese  | <input type="checkbox"/> Korean           | <input type="checkbox"/> Cambodian     | <input type="checkbox"/> Samoan   | <input type="checkbox"/> Laotian      |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Spanish  | <input type="checkbox"/> Latino(a)    |
| <input type="checkbox"/> Hispanic  | <input type="checkbox"/> African-American |  |                                   |                                       |

American Indian (tribe): \_\_\_\_\_

Other Race/Ethnic Group: \_\_\_\_\_

2. Are you:      Male                    Female

3. Have you ever been on active duty in the U.S. Armed Forces?      Yes      No  
If yes, dates you served: From \_\_\_\_\_ to \_\_\_\_\_  
Disabled veteran: Percentage of disability: \_\_\_\_\_%

4. Do you have a physical, sensory, or mental condition that limits any of your major life functions?                                    Yes \_\_\_\_\_     No \_\_\_\_\_

5.     Date of birth: \_\_\_\_\_