

Los Alamos National Laboratory Employee Profile
PERSONAL INFORMATION

Z-Number: Name: (Last, First, Middle)

Hire Date: Work Location:
 Los Alamos Offsite

Prior UC, LANL, or Parent Company Employment

Yes Where _____ Dates: _____

Where _____ Dates: _____

If additional space is needed please use the bottom of the document or request additional paper.

Date of Birth Ethnicity Citizenship Gender Marital Status Spouse's Name (Last, First)

Are you disabled?

Do you need any disability accommodations?

Are you a Disabled Veteran?

Primary Branch of Military Service

Current Reserve Status

Branch of Reserves

Date of Active Duty Discharge

Are you a Vietnam-era Veteran?

Are you a protected Veteran?

Are you an Armed Forces Service Medal Veteran?

MAILING ADDRESS

Street Address or P. O. Box City/Community State Zip

HOME ADDRESS

Street Address (no P.O. Box) City/Community State Zip

TELEPHONE NUMBER (S)

Home Cell Pager Other

County of Residence

School District

EMERGENCY CONTACT INFORMATION

Name Telephone Number Street Address City/Community State Zip/Int'l Code

NEAR RELATIVES EMPLOYED BY THE LABORATORY – LANS EMPLOYEES ONLY

Name (PLEASE PRINT) Z# Organization Relationship to you

Los Alamos National Laboratory Employee Profile Instructions

GENERAL INSTRUCTIONS FOR COMPLETING YOUR EMPLOYEE PROFILE

This data sheet contains information that HR Division maintains on you as an employee. Please complete all boxes immediately below the questions.

PRIVACY NOTIFICATION

The Laboratory requests the information on this form for use by various Laboratory organizations for personnel, accounting, and other business purposes. Furnishing the requested information is voluntary (unless noted as required), but failure to provide part of the information may result in an inability to complete certain necessary administrative actions related to your employment or employment benefits. The Laboratory staff responsible for personnel, accounting, and other Laboratory organizations with a business need for the information may use the information furnished by you. The information may be furnished to third parties, as permitted by Law.

Prior UC, LANL, or Parent Company Employment: Please provide where you were employed and the dates you were employed. This will enable LANL to determine your correct vacation and service credit.

ETHNICITY

Select the code that best identifies your ethnicity

- HL – Hispanic or Latino: Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- WH – White (Not Hispanic or Latino): origins in any of the original peoples of Europe, the Middle East, or North Africa.
- B/AA – Black or African American (Not Hispanic or Latino): origins in any of the black racial groups of Africa.
- NH/PI – Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.
- A – Asian (Not Hispanic or Latino): origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- AI/AN – American Indian or Alaska Native (Not Hispanic or Latino): origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.
- TMR – Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

COUNTRY OF CITIZENSHIP Enter the country of YOUR citizenship.	GENDER M – Male F – Female	MARITAL STATUS M – Married S – Single	SPOUSE'S NAME If married, enter your spouse's first and last name.
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ARE YOU DISABLED? Do you have a disability? Please enter yes or no. If yes, you will be contacted by the EEO Office. Do you have a disability that requires accommodation in order for you to perform your job? Please enter yes or no. If yes, you will be contacted by the EEO Office.	ARE YOU A DISABLED VETERAN? A Disabled Veteran is (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.	PRIMARY BRANCH OF MILITARY SERVICE Enter the code that best describes your primary branch of military duty. None Army Navy Air Force Marines Coast Guard National Guard Merchant Marine Public Health Service National Oceanographic & Atmospheric Administration	CURRENT RESERVE SERVICE Enter the code that best describes your current military reserve status. None Active Inactive	BRANCH OF RESERVES Enter the code that best describes your current military reserve affiliation. None Army Navy Air Force Marines Coast Guard National Guard Merchant Marine Public Health Service National Oceanographic & Atmospheric Administration	DATE OF ACTIVE DUTY DISCHARGE Provide the MM/YYYY of discharge or release from Active Military Duty
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ARE YOU A VIETNAM-ERA VETERAN? A Vietnam-era Veteran is a person who (1) served on active duty in the U.S. military for a period of more than 180 days, and who was discharged or released with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases.	ARE YOU A PROTECTED VETERAN? An Other Protected Veteran is a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense. Here is the link to the list of campaigns or expeditions that qualify a veteran for veteran preference: http://www.opm.gov/veterans/html/vgmedal2.asp	ARE YOU AN ARMED FORCES SERVICE MEDAL VETERAN? An Armed Forces Service Medal Veteran is any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
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MAILING ADDRESS This address should be where you receive your regular mail.	HOME ADDRESS This address should be where you physically reside.
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SCHOOL DISTRICT AND COUNTY OF RESIDENCE Questions should be directed to HR-WDA Office at 665-6502.			
Select the county in which you live		Select the School District where you live	
Bernalillo	Eddy	Albuquerque	Las Cruces
Catron	Grant	Belen	Las Vegas City
Chavez	Guadalupe	Bernalillo	Las Vegas West
Cibola	Harding	Chama Valley	Los Alamos
Colfax	Hidalgo	Espanola	Los Lunas
Curry	Lea	Espanola	Mesa Vista
De Baca	Lincoln	Jemez Mountain	Mora
Dona Ana	Luna	Jemez Valley	Moriarty
Mckinley	Santa Fe	Mountainair	
Mora	Sierra	Pecos	
Otero	Socorro	Penasco	
Quay	Taos	Pojoaque	
Rio Arriba	Torrance	Portales	
Roosevelt	Union	Rio Rancho	
Sandoval	Valencia	Santa Fe	
San Miguel		Taos	
Indicate the specific area in Los Alamos County			
Los Alamos - Eastern Area			
Los Alamos - North Community			
Los Alamos - Western Area			
Los Alamos - Barranca Mesa			
Los Alamos - North Mesa			
Los Alamos - Royal Crest			
Los Alamos - White Rock/La Vista			
Los Alamos - La Senda/Pajarito Acres			

EMERGENCY CONTACT INFORMATION

List the Name, telephone number, and address of the person(s) you want to be contacted in case of an emergency. It is not assumed that a spouse is the first emergency contact. The Laboratory will contact only the persons listed as emergency contact(s). If you want your spouse to be your first emergency contact, you must list him/her in the designated area.

NEAR RELATIVES EMPLOYED BY THE LABORATORY Enter the Z-Number, name and group of the near relatives who are employed by the Laboratory. If you do not know the Z-Number(s), provide the complete name. Enter their relationship to you from the table at the right. Please enter relatives who are UC employees only.	RELATIONSHIP TO YOU Spouse Son-Nat/Adopted, Step Son-in-Law Daughter-Nat/Adopted, Step Daughter-in-Law Father-Nat/Adopted, Step Father-in-Law Mother-Nat/Adopted, Step Mother-in-Law Sister-in-Law Brother-Nat/Adopted, Step Brother-in-Law
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