

WEST HARTFORD PUBLIC SCHOOLS  
WEST HARTFORD, CONNECTICUT 06107

PERSONAL DATA FORM

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**Employees identifying themselves as disabled:**

Are you a disabled individual, or do you have any physical disabilities or conditions which may limit your ability to perform the position(s) for which you are hired?

Yes

No

If yes, you will be contacted regarding your need for accommodation. You are not required to provide the above information concerning a disability. If you do, it will be kept confidential, with the following exceptions. Supervisors may be informed if accommodation is necessary or if your work duties are restricted. Government representatives may be provided information in compliance with various laws and regulations.

**Employees identifying their gender, ethnicity/race and marital status:**

Gender classification:

Male

Female

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race:

American Indian or Alaskan Native

Asian

Black or African American Native

Hawaiian or other Pacific Islander

White

Two or more races

Marital Status:

Single

Married

Divorced

Widowed

\_\_\_\_\_  
*SIGNATURE OF EMPLOYEE*

\_\_\_\_\_  
*DATE*