

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?		
_____	_____		_____		
Current Reserve Status	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.

<b>COUNTRY OF CITIZENSHIP</b> Enter the country of YOUR citizenship.	<b>GENDER</b> M – Male    F – Female	<b>MARITAL STATUS</b> M – Married    S – Single	<b>SPOUSE'S NAME</b> If married, enter your spouse's first and last name.
<b>ARE YOU DISABLED?</b> 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.	<b>ARE YOU A DISABLED VETERAN?</b> Disabled veteran means (1) a veteran 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.	<b>CURRENT RESERVE SERVICE</b> Enter the code that best describes your current military reserve status.  None Active Inactive	<b>DATE OF ACTIVE DUTY DISCHARGE</b> Provide the MM/YYYY of discharge or release from Active Military Duty

<b>ARE YOU A VIETNAM-ERA VETERAN?</b> Veteran of the Vietnam era means a person who: (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge; or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.	<b>ARE YOU A PROTECTED VETERAN?</b> Other protected veteran means a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. The information required to make this determination is available at <a href="http://www.opm.gov/veterans/html/vgmedal2.htm">http://www.opm.gov/veterans/html/vgmedal2.htm</a> .	<b>ARE YOU AN ARMED FORCES SERVICE MEDAL VETERAN?</b> Armed Forces service medal veteran means any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).
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<b>MAILING ADDRESS</b> This address should be where you receive your regular mail.	<b>HOME ADDRESS</b> This address should be where you physically reside.
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<b>SCHOOL DISTRICT AND COUNTY OF RESIDENCE</b> Questions should be directed to HR-WDA Office at 665-6502.						
<b>Select the county in which you live</b>			<b>Select the School District where you live</b>		<b>Indicate the specific area in Los Alamos County</b>	
Bernalillo	Eddy	McKinley	Santa Fe	Albuquerque	Las Cruces	Mountainair
Catron	Grant	Mora	Sierra	Belen	Las Vegas City	Pecos
Chavez	Guadalupe	Otero	Socorro	Bernalillo	Las Vegas West	Penasco
Cibola	Harding	Quay	Taos	Chama Valley	Los Alamos	Pojoaque
Colfax	Hidalgo	Rio Arriba	Torrance	Espanola	Los Lunas	Portales
Curry	Lea	Roosevelt	Union	Estancia	Mesa Vista	Rio Rancho
De Baca	Lincoln	Sandoval	Valencia	Jemez Mountain	Mora	Santa Fe
Dona Ana	Luna	San Miguel		Jemez Valley	Moriarty	Taos
						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

<b>EMERGENCY CONTACT INFORMATION</b> 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.
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<b>NEAR RELATIVES EMPLOYED BY THE LABORATORY</b> 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. <b>Please enter relatives who are UC employees only.</b>	<b>RELATIONSHIP TO YOU</b>
Spouse	Father-Nat/Adopted, Step    Sister-in-Law
Son-Nat/Adopted, Step	Father-in-Law    Brother-Nat/Adopted, Step
Son-in-Law	Mother-Nat/Adopted, Step    Brother-in-Law
Daughter-Nat/Adopted, Step	Mother-in-Law
Daughter-in-Law	Sister-Nat/Adopted, Step