

OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES
POST EMPLOYMENT SUPPLEMENT

PART A.

Employee Name: _____

(Please Print)

(Last)

(First)

(Middle)

Employee. I.D. _____

Home Telephone: _____

Home Address: _____

(Street No. or R.F.D.)

(City, State and Zip)

FEMALE

MALE

Date of Birth: _____

Race (Check only one):

WHITE Not of Hispanic origin; persons having origins in any of the Original Peoples of Europe, North Africa or the Middle East.

BLACK Not of Hispanic origin; persons having origins in any of the Black Racial Groups of Africa.

AMERICAN INDIAN/ALASKAN NATIVE Persons having origins in any of the Original People of North America and who maintain cultural identification through Tribal Association or Community Recognition.

Special Note: 74 OS,1991 §840.25(D) states: "For affirmative action purposes, any person who lists American Indian as his race or national origin shall, within thirty (30) days of his appointment, verify his tribal affiliation by providing a Certificate of Degree of Indian Blood from the U.S. Department of Interior, Bureau of Indian Affairs, or by providing the name and address of tribal officials who can verify his tribal affiliation."

HISPANIC Persons of Mexican, Puerto Rican, Cuban, Central or South American or any Spanish Culture of Origin, regardless of race.

ASIAN or PACIFIC ISLANDER Persons having origins in any of the Original Peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This includes, for example: China, Japan, Korea, the Philippine Islands, India and Samoa.

DRS DIVISION/SCHOOL: _____

(Please indicate DDD, OSB, OSD, VR, VS, MSD, FSD, OR Executive)

Person to contact in case of emergency: _____

(Name)

(Address)

(Phone)

(Relationship)

Employee Signature

Date