

APPLICANTS:

To aid in our Recruitment Outreach Program and remain within our Federal and State recordkeeping guidelines, we would appreciate your compliance in completing the voluntary information below.

This information is confidential, will be kept separate from your application, and will not affect your consideration for employment.

Name

Social Security

Position Applying For

Date

PLEASE CHECK THE APPROPRIATE DESIGNATIONS:

0 _____ **WHITE**

1 _____ **BLACK**

2 _____ **ASIAN/PACIFIC ISLANDERS:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Subcontinent.

3 _____ **AMERICAN INDIAN/ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

4 _____ **HISPANIC:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **MALE**

_____ **FEMALE**

_____ **FORTY YEARS OF AGE OR OVER**

_____ **VIETNAM ERA VETERAN**

_____ **DISABLED VETERAN** (less than 30% disabled)

_____ **SPECIAL DISABLED VETERAN** (more than 30% disabled)

_____ **HANDICAPPED:** **Persons having a physical or mental impairment which substantially limits one or more major life activities; persons having a record of such impairments, or regarded as having such impairments.** (that requires an accommodation to perform essential function of position applied for)

Nature of handicap or impairment: _____

Accommodation required: _____