

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST

We would appreciate your cooperation in completing the information requested on this form. Although doing so is voluntary on your part, the information you provide is vital to the College's compliance with the Civil Rights Act of 1991, Title IX of the Education Amendment Act of 1972, Executive Order 11246, the Rehabilitation Act of 1973 as amended, the Americans with Disabilities Act of 1990, and the Vietnam-era Veteran's Act of 1974.

NAME:			SEX:			
CITIZE	NSHIP: U.S. YES	NO	OTHER:			
The qu	C AND RACE DATA: estions below should no s for the collection and u					ped by the Federal government, leral agencies.
1.	Do you consider yourself to be of Hispanic/Latino origin: a person of Spain, Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race? YES NO					
2.	In addition, please select one or more of the following racial categories to describe yourself:					
	American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.					
	Asian: a person having 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.					
	Black or African American: a person having origins in any of the black racial groups of Africa or the Caribbean.					
	Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.					
	White: a person having	origins in any	of the original peoples	of Europe or	the Middle Ea	st or North Africa.
	RANS DATA: qualify as a Vietnam Er	a Veteran?			YES:	NO:
	teran of the armed servi and May 7, 1975, and					which occurred between August ce-related disability.
Are you considered a disabled veteran by the U.S. Vete			U.S. Veteran's Adminis	stration?	YES:	NO:
	rson entitled to compensiged or released from ac	•			•	percent or more, or who was
	ILITY DATA: wish to declare yoursel YES: _		physically disabled?			
Speech	rson who has a physicant impairment of the disabilities of the dis	Heari	airment which substantiing impairment r impairment	ally limits or	ne or more maj Visual impairm Mental disabili	nent
Other _						
	Signature of A		Date			
	Position Applie		Department			