



AFFIRMATIVE ACTION FORM

Government agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Name: _____ Last 4 Digits of SS#: _____

Sex: ___ Male ___ Female

Race/ethnicity:

___ **Hispanic or Latino**- A person of Cuban, Mexican, Puerto Rican, South or Center American or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** - A person having origins in any of the original people of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)**- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)**- A person having origins in any of the original peoples of Far East, Southeast, Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)**- A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)**- All persons who identify with more than one of the above five races.

___ Veteran ___ Non- veteran