



EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION FORM

Please provide the following which will be used for Affirmative Action statistics only.

Name: _____

First

Last

Sex: Male _____

Female _____

Position: _____

Department: _____

Ethnicity: Hispanic or Latino _____

Not Hispanic or Latino _____

Race: American Indian/Alaskan Native other _____

Asian or Pacific Islander _____

Black or African American _____

Caucasian _____

Hispanic _____

Optional Information:

Veteran: Yes _____ No _____

Vietnam Era Veteran (February 28, 1961 – May 7, 1975): _____

Other Protected Veteran: _____ Please list war, campaign or expedition _____

Newly Separated Veterans: _____

Please check one of the boxes below:

Voluntary Self-Identification of Disability

_____ Yes, I have a disability (or previously had a disability)

_____ No, I do not have a disability

_____ I do not wish to answer