

AFFIRMATIVE ACTION APPLICANT SURVEY

(Confidential)

Name: _____ Date: _____

Position Applied for: _____ Social Security No.: ____ / ____ / ____

Sex: Male
 Female

Definition of Disabled: As defined in the American Disability Act of 1990, a disabled person is one who: (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Vietnam-Era Veteran:

Yes
 No

I am a disabled individual. Yes No Decline to state
Please indicate the extent of your disability. This will enable the District to plan for any accommodation which may be appropriate.

Age: Over Age 40

ETHNIC BACKGROUND (check only one)

- American Indian or Alaskan Native**
A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- African-American, not of Hispanic Origin**
A non-Hispanic person having origins in any of the Black racial groups of Africa.
- Filipino**
A person having origins in any of the original peoples of the Philippine Islands.
- Hispanic**
A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin—regardless of race.
- Pacific Islander**
A person having origins in any of the original peoples of the Polynesian, Micronesian, or Melanesian islands (excludes the Philippine Islands).
- White not of Hispanic Origin**
A non-Hispanic person having origins in any of the original peoples of Europe, North Africa, or the Middle East, e.g., England, Portugal, Egypt, and Iran.
- I decline to complete this form.**

How did you first learn about this vacancy?

- Self-initiated A friend employed at Gavilan
- Special recruitment effort by the college Employment Development Department
- Advertisement—Please specify (newspaper, journal, etc.) _____
- Professional organization—Please specify: _____
- Other—Please specify: _____