

STATISTICAL INFORMATION QUESTIONNAIRE

The information requested on this form is **voluntary** and will assist in evaluating the recruitment program and in accurately compiling required statistical reports for federal, state and local agencies. This form will be detached from the employment application and will not be used to discriminate against, or give preference to, any individual.

Name _____

Position applied for: _____

Please check ALL the categories that apply to you.

Male Female

U.S. Citizen Veteran

Disability (please specify): _____

Note: A person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such an impairment, or is regarded as having such an impairment is considered to have a disability.

How did you learn about this position?

Completing the following will enable us to determine which recruitment sources are more effective.

- | | | |
|---|---|---|
| <input type="checkbox"/> Hotline | <input type="checkbox"/> CCC JobBank | <input type="checkbox"/> Community College Week |
| <input type="checkbox"/> WebPages | <input type="checkbox"/> CCC Affirmative Action Job Fair | <input type="checkbox"/> Hispanic Outlook in Higher Education |
| <input type="checkbox"/> CCCD Employee Referral | <input type="checkbox"/> Affirmative Action Register | <input type="checkbox"/> Internet - Other |
| <input type="checkbox"/> HR Dept | <input type="checkbox"/> Black Issues in Higher Education | <input type="checkbox"/> College/University (other than CCC) |
| <input type="checkbox"/> CA CC Registry List | <input type="checkbox"/> Chronicle of Higher Education | <input type="checkbox"/> Club or Organization |

Newspaper (specify): _____

Other (specify): _____

Ethnicity: Instructions: Please mark only one category and subcategory, if appropriate.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands. Please check one:

- | | | | |
|---|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Other Pacific Islander | | | |

Black/African American (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.

Hispanic/Latino: All persons of Chicano, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa and the Middle East.