



VOLUNTARY DATA FORM
INFORMATION FOR STATISTICAL USE ONLY

Taft College is an Equal Opportunity employer and educational institution. The information requested on this form is needed to measure the effectiveness of our recruitment efforts and is in compliance with federal government regulations which require all federal contractors to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. This information will remain confidential and separate from your application. You will receive the same consideration for employment whether or not you complete this form.

Name: _____ **Today's Date:** _____

Position: _____

1a. ARE YOU HISPANIC OR LATINO? **YES** **NO** If YES, "X" below* - If NO, place "X" in "1b"

- Mexican, Mexican-American, Chicano _____
- Central American _____
- South American _____
- Hispanic Other _____

1b. WHAT IS YOUR RACE/ETHNICITY? (Please "X" one or more)

- | | | | |
|--------------------------------|--------------------------|------------------------|--------------------------|
| American Indian/Alaskan Native | <input type="checkbox"/> | Hawaiian | <input type="checkbox"/> |
| Asian Indian | <input type="checkbox"/> | Japanese | <input type="checkbox"/> |
| Asian Other | <input type="checkbox"/> | Korean | <input type="checkbox"/> |
| Black or African American | <input type="checkbox"/> | Laotian | <input type="checkbox"/> |
| Cambodian | <input type="checkbox"/> | Pacific Islander Other | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Samoan | <input type="checkbox"/> |
| Filipino | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Guamanian | <input type="checkbox"/> | White | <input type="checkbox"/> |

2. GENDER: Male Female

3. DISABLED: As defined in Section 504 of the Rehabilitation Act of 1973 and ADA, a disabled person is one who: A) has a physical or mental impairment which substantially limits one or more major life activities; B) has a record of such impairment; OR C) is regarded as having such impairment.

I am a disabled individual – Please "X" if applies

4. VETERAN STATUS:

Vietnam Era (August 5, 1965-May 7, 1975) Yes No Disabled Veteran: Yes No

5. HOW DID YOU LEARN OF THE OPENING? Please "x" first informational source

- | | | | |
|------------------------------------------------------|-------|-----------------------------------------------------|-------|
| <input type="checkbox"/> Internet - Site Name | _____ | <input type="checkbox"/> Friend or Relative - Name: | _____ |
| <input type="checkbox"/> Newspaper - Name | _____ | <input type="checkbox"/> WKCCD Employee – Name: | _____ |
| <input type="checkbox"/> Professional Journal - Name | _____ | <input type="checkbox"/> Other: | _____ |