

Name: _____

Voluntary Applicant Survey

The information requested below will be used to assist us with state and federal record keeping and reporting requirements for affirmative action purposes. Please provide accurate information. Your cooperation is important and appreciated. For affirmative action purposes, state law requires any person who lists American Indian as his/her race or ethnic group to verify tribal affiliation by providing a certificate of Degree of Indian Blood from the U.S. Department of Interior, Bureau of Indian Affairs, or by providing the name and address of tribal officials who can verify tribal affiliation. You DO NOT have to turn this verification in with this employment application. If selected for the position, it should be turned in within thirty days of appointment.

Social Security Number: _____ Sex: ___ (M or F) D.O.B.: _____

Race or Ethnic Group (Check only one)

- | | |
|--|---|
| 1. ___ Black (not Hispanic origin) | 4. ___ Hispanic (Mexican, Puerto Rican, Cuban Central or South American or other Spanish culture or origin, regardless of race) |
| 2. ___ Asian or Pacific Islander | 5. ___ White (not Hispanic origin) |
| 3. ___ American Indian or Alaskan Native | |