

Voluntary Affirmative Action Data

As part of our commitment to equal employment opportunity efforts, our institution conducts a survey of all job applicants. Submission of this information is entirely voluntary, and its contents are confidential to Human Resources. We do, however, appreciate your assistance and ask that you complete the following section.

Date: _____ Position Applied For: _____

Name: _____

How did you learn about this position? (Check One):

- College's website
- Daily Astorian
- Employment Department
- Word of mouth; friend, employee
- Online, which site: _____
- Other (please specify): _____

Gender (Check One):

- Male
- Female
- I choose not to self-identify

Age at time of application: _____

Ethnicity (Check One):

- Hispanic or Latino** - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino**

Race (Check all that apply):

- American Indian or Alaska Native** - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

- Black or African American** - a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races** - all person who identify with more than one of the above.

Voluntary Self-Identification of Disability:

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please select one:

- Yes, I have a disability, or have a history/record of having a disability
- No, I do not have a disability, or have a history/record of having a disability
- I choose not to disclose

Reasonable Accommodation Notice

If you have indicated that you are disabled, and need any accommodation to assist you with the application or

employment process, please contact Desiree Noah, Affirmative Action/Gender Equity (Title IX) Officer, Lower Library, Suite 103, dnoah@clatsopcc.edu (503) 338-2450; TDD : Oregon Relay- Dial 711.

Voluntary Self-Identification of Veteran Status:

Protected Veteran (per www.dol.gov) - as defined under one or more of the following:

- **Disabled Veteran:** A veteran who served on active duty in the U.S. military and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability
- **Other Protected Veteran:** A veteran who served on active duty in the U.S. military during a war, or in a campaign or expedition for which a campaign badge was authorized under the laws administered by the Department of Defense.
- **Recently Separated Veteran:** A veteran separated during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military.
- **Armed Forces Service Medal Veteran:** A veteran who, while serving on active duty in the U.S. military, participated in a U.S. military operation that received an Armed Forces service medal.

- Disabled veteran
- Recently separated veteran
- Other protected veteran
- I am not a protected veteran
- I choose not to disclose my veteran status