

EQUAL OPPORTUNITY DATA

The information requested by this form is needed in order to determine compliance with State and Federal Equal Opportunity Laws and to meet the reporting requirements of these laws.

NAME

POSITION TITLE:

DATE OF EMPLOYMENT:

CLASSIFIED HOURLY TEACHING & RESEARCH FACULTY

ADMINISTRATIVE & PROFESSIONAL FACULTY

GENDER: MALE FEMALE

CATEGORY (Please select one or more of the following)

Are you Hispanic or Latino? Yes No

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | WH (White) | Persons having origins in any of the original people of Europe, North Africa, or the Middle East |
| <input type="checkbox"/> | BL (Black or African American) | Persons having origins in any of the Black racial groups of Africa |
| <input type="checkbox"/> | HS (Hispanic) | Persons of Mexico, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race |
| <input type="checkbox"/> | AP (Asian) | Persons having origins in any of the original people of the Far East, or Southeast Asia |
| <input type="checkbox"/> | AI (America Indian/Alaskan Native) | Persons having origins in any of the original people of North America |
| <input type="checkbox"/> | NP (Native Hawaiian/ Other Pacific Islander) | Persons having origins in any of the original people of the Indian Sun-continent or Pacific Islands |

- OVER -

CHECK THE BLOCK FOR THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED (Check only one):

- | | |
|---|--|
| <input type="checkbox"/> Less than 8 th grade | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Completed 8 th grade | <input type="checkbox"/> Attended graduate school |
| <input type="checkbox"/> Attended High School | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High school graduate or equivalent | <input type="checkbox"/> Graduate study beyond Master's requirements |
| <input type="checkbox"/> Attended college and/or associate degree | <input type="checkbox"/> PHD or professional degree |

VETERAN STATUS

Are you a veteran of the Vietnam War era? Yes Disabled Veteran No

Are you a veteran of any other war, conflict, Expedition or campaign? Yes Disabled Veteran No

If so, please list

Separation or Retirement date:

EMPLOYMENT ELIGIBILITY STATUS

Are you a citizen of the United States? Yes No

If no, are you a Permanent Resident (resident alien) of the U.S.? Or a Non-Resident Alien on a non-immigrant visa?

If foreign born, please indicate country of origin_

Employee's Signature: _____ Date: _____