



Equal Employment Opportunity Form

EMPLOYEE INFORMATION

Full Name: _____
Last First M.I.

Employee ID #: _____ Position: _____

Dept/School: _____

VOLUNTARY INFORMATION FOR GOVERNMENT REPORTING

This information is being requested in accordance with federal and state regulations and reporting. The information is voluntary and will not adversely affect your terms of employment with the district. This information will be maintained as a separate and confidential record, to the extent possible, apart from regular personnel records.

GENDER

Female Male

ARE YOU AN INDIVIDUAL WITH A DISABILITY?

Under the ADA, the term 'disability' means, with respect to an individual – (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (b) a record of such impairment; or (c) being regarded as having such an impairment.

Yes No *(If yes, please check all that apply)*

<input type="checkbox"/> Hearing	<input type="checkbox"/> Mobility	<input type="checkbox"/> Visual
<input type="checkbox"/> Learning or Cognitive	<input type="checkbox"/> Physical	<input type="checkbox"/> Other:
<input type="checkbox"/> Mental or Psychological	<input type="checkbox"/> Speech	

If yes, would you like to be contacted confidentially regarding your disability? Yes No

ETHNICITY & RACE (Parts A & B are both REQUIRED)

PART A: ETHNICITY

Are you Hispanic/Latino or of Spanish origin? *(Choose one)*

No, not Hispanic/Latino Yes, Hispanic/Latino
(A person of Cuban, Mexican, Puerto Rican, Cuban, Dominican, South or Central American, or other Spanish culture or origin, regardless of race.)

IMPORTANT NOTE: *The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer Part B by marking one or more boxes to indicate what you consider your race to be. If you choose not to self-identify, a designated staff member will observe and select racial and ethnic categories on your behalf, as required by the state and Federal government for aggregate reporting.*

PART B: RACE

What is your race? *(Select one or more races from the following five racial groups.)*

<input type="checkbox"/> American Indian or Alaska Native	<i>A person having origins in any of the original or indigenous peoples of North, Central, and South America (including Mexico), and who maintains tribal affiliation or community attachment.</i>
<input type="checkbox"/> Asian	<i>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, and Vietnam.</i>
<input type="checkbox"/> Black or African American	<i>A person having origins in any of the black racial groups of Africa.</i>
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</i>
<input type="checkbox"/> White	<i>A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</i>

continued on back >>>>

LANGUAGES SPOKEN OTHER THAN ENGLISH			
Language:	Proficiency Level:	<input type="checkbox"/> Native Speaker or Equiv <input type="checkbox"/> Fluent	<input type="checkbox"/> Working Knowledge <input type="checkbox"/> Limited Knowledge
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Definition of Language Proficiency Categories:	
Native Speaker or Equivalent	Has speaking and writing proficiency equivalent to that of an educated native speaker, including breadth of vocabulary and idiom, colloquialisms, and pertinent cultural references.
Fluent	Able to communicate with fluency, grammatical accuracy, and precision of vocabulary. Can participate effectively in most formal and informal conversations.
Working Knowledge	Able to communicate with sufficient structural accuracy and vocabulary to participate effectively in most formal and informational conversations on practical, social, and professional topics.
Limited Knowledge	Able to communicate at a level that satisfies most routine social situations and limited work requirement.

HOW DID YOU HEAR ABOUT THIS POSITION?		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> District Employee	<input type="checkbox"/> Professional Publication
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Placement Office	<input type="checkbox"/> Web Site:
<input type="checkbox"/> Other:		

EMPLOYEE SIGNATURE	
_____	_____
Signature	Date Submitted
Human Resources Office Use Only	
NOTES:	Observer ID? <input type="checkbox"/> Yes <input type="checkbox"/> No Rationale: _____ Conducted by: _____