

**VOLUNTARY SELF-IDENTIFICATION**

Name:

Date of Application:

Position applied for:

**Please check all that apply:**

Race or Ethnic Identity

- Hispanic ( all races)
- Hispanic (white race only)
- Hispanic (all other races)
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Black or African America
- White

Gender

- Male
- Female

Veteran Status

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Eligible Veteran

Other

- Individual with Disabilities

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**I DO NOT WISH TO SELF IDENTIFY** \_\_\_\_\_  
Signature