



AFFIRMATIVE ACTION QUESTIONNAIRE

Grays Harbor College is required by law to report the composition of its workforce to federal and state authorities. Your voluntary cooperation in helping report this information is appreciated. The data on this form will be filed separately from your application form and will not be accessible to those processing your application. Safeguards are used to prevent the discriminatory abuse of this information. It will be available only to the person responsible for government reporting purposes.

Position you are applying for:		Date:	
Name:		Birth date:	Gender:
Last	Middle	First	MM/DD/YY
		Male	Female
City:		County:	State:
I became aware of this position through (check one): <input type="checkbox"/> WorkSource (Employment Security) <input type="checkbox"/> Daily World <input type="checkbox"/> Pacific County Press <input type="checkbox"/> Spokesman Review <input type="checkbox"/> Seattle Times <input type="checkbox"/> Tacoma Tribune <input type="checkbox"/> Grays Harbor College Web Site <input type="checkbox"/> Other Web Site _____ (please indicate) <input type="checkbox"/> Information was sent to my home <input type="checkbox"/> Personal Referral <input type="checkbox"/> Other _____		What race or ethnicity do you consider yourself? <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian Tribe Name: _____ <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleut <input type="checkbox"/> Asian or Pacific Islander ___ Chinese ___ Korean ___ Asian Indian ___ Vietnamese ___ Samoan ___ Hawaiian ___ Filipino ___ Japanese ___ Laotian ___ Cambodian Other: _____ <input type="checkbox"/> Hispanic ___ Mexican, Mexican-American, Chicano ___ Puerto Rican ___ Cuban Other: _____ <input type="checkbox"/> Other Race: _____	
Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, see, hearing, speaking, or learning? Circle one. <div style="display: flex; justify-content: space-around;"> Yes No </div> <p><i>Note: If you mark "Yes", you will be identified as an individual who meets the affirmative action criteria for persons with disabilities. A detailed definition is reflected on the back of this page.</i></p>		If you are more than one race, please also check "Multi-Racial/Multi-Ethnic" below and indicate your preference for Affirmative Action purposes. <input type="checkbox"/> Multi-Racial/Multi-Ethnic _____ Affirmative Action Preference	
Do you have a physical, mental or other health condition that has lasted six (6) or months and limits the kind or amount of work you can do at a job? Circle one. <div style="display: flex; justify-content: space-around;"> Yes No </div> <p><i>Note: This question is included to maintain consistency with the federal census data. If you mark this question and do not answer the other one, you will not meet the definition for persons with disabilities since it states that the disability must be permanent.</i></p>			
Veteran Status: <div style="display: flex; justify-content: space-between;"> ___ Veteran ___ Vietnam Era Veteran ___ Disabled Veteran-Vietnam Era </div> <div style="display: flex; justify-content: space-between;"> ___ Disabled Veteran-Other ___ Spouse of Deceased Veteran </div>			

AFFIRMATIVE ACTION DEFINITIONS

American Indian or Alaskan Native

A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian or Pacific Islander

A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African American

A person with origins in any of the Black racial groups in Africa.

Hispanic

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian

A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities

For affirmative action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgery means.

Disabled Veteran

A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-Era Veteran

A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.