The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.

COMMUNITY COLLEGES OF SPOKANE

VOLUNTARY DEMOGRAPHIC QUESTIONNAIRE

Name (*optional*) _____

Advertised position title _____

How did you hear about this position? _____

Highest degree earned _____

Community Colleges of Spokane, as an equal opportunity employer, has made a commitment to an affirmative action program and is required by state and federal guidelines, including corrective employment programs, to maintain this information. The following information will be used only for the purpose of the development of affirmative action and management statistics.

PART I **Which ethnic group do you consider yourself to be** (see **PART II** for Hispanic)? *(Check one if applicable)*

☐ Caucasian (800) ☐ Black or African-American (870) ☐ Eskimo (935) ☐ Aleut (941)

☐ American Indian—name of enrolled or principal tribal affiliation *(please print)* _____

☐ Asian Indian (600) ☐ Chinese (605) ☐ Filipino (608) ☐ Guamanian (660) ☐ Hawaiian (653) ☐ Japanese (611)

☐ Korean (612) ☐ Laotian (613) ☐ Hmong (609) ☐ Samoan (655) ☐ Thai (618) ☐ Vietnamese (619)

☐ Other Asian or Pacific Islander affiliation *(please print)* _____

☐ Other ethnic group *(please print)* _____

PART II **Are you of Spanish/Hispanic origin?** *(Check one)*

☐ No, not Spanish/Hispanic ☐ Yes, Mexican/Mexican-American (722) ☐ Yes, Puerto Rican (727) ☐ Yes, Cuban (709)

☐ Yes, other Spanish/Hispanic origin (*please print*) _____

PART III **Veteran Status** *(Check one if applicable)*

☐ Vietnam Era (August 5, 1964-May 7, 1975) (VV) ☐ Other than Vietnam veteran (OV)

☐ Disabled Vietnam Era (DV) ☐ Disabled veteran (other than Vietnam) (DO)

☐ Spouse of deceased veteran (SV)

Dates of service: From _____ To _____

Total Active Service Time: Years _____ Months _____ Days _____

PART IV *(Check yes or no for each area)*

☐ YES ☐ NO Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities (e.g., walking, seeing, hearing, breathing, learning)?

☐ YES ☐ NO Do you have a physical, mental, or other health condition that has lasted for six or more months **and** which limits the kind or amount of work you can do at a job?

Please check a category as appropriate if you checked yes above.

☐ Ambulatory/mobility (1) ☐ Visual (2) ☐ Hearing (3) ☐ Mental/psychological (4)

☐ Multiple impairments (5) ☐ Other (9) _____
(identify impairment)

PART V Other data

Gender: ☐ Male ☐ Female **Date of birth:** Month _____ Day _____ Year _____