**INFORMATION FOR FEDERAL AND STATE REPORTING PROGRESS.**

**This supplemental information is for recordkeeping only**

As an Equal Opportunity Employer, South Puget Sound Community College is required to report the composition of its workforce to the state and federal government. The information on this form will be filed separately and will not be available to those processing your application. It will be available only to the person responsible for government reporting or for affirmative action reasons and safeguards will be used to prevent the discriminatory abuse of this information. Your voluntary cooperation will be appreciated.

|  |  |
| --- | --- |
| Position |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |      | Social Security No. |       |
|  |  |  |  |  |
| Birthdate |       | Sex: | Male |       |  Female |       |

Which race do you consider yourself to be? (Choose one or more)

[ ]  White (800) [ ]  Black or African -American (870)

[ ]  Eskimo (935) [ ]  Aleut (941) [ ]  Hawaiian (653) [ ]  Laotian (613)

[ ]  Chinese (605) [ ]  Filipino (608) [ ]  Japanese (611) [ ]  Other Asian ( )

[ ]  Korean (612) [ ]  Vietnamese (619) [ ]  Cambodian (604)

|  |  |  |
| --- | --- | --- |
| [ ]  American Indian (597) -- Print name of enrolled or principal tribe |       | ( ) |

|  |  |  |
| --- | --- | --- |
| [ ]  Pacific Islander (Please specify)  |       | ( ) |

|  |  |  |
| --- | --- | --- |
| [ ]  Other Race (Please specify ) |       | ( ) |

Are you or are you not Hispanic/Latino origin? (Check One)

[ ]  No, not Hispanic/Latino (999) [ ]  Yes, Puerto Rican (727)

[ ]  Yes, Mexican, Mexican-Am., Chicano (722) [ ]  Yes, Cuban (709)

|  |  |  |
| --- | --- | --- |
| [ ]  Yes, other Hispanic/Latino (Please Print) |       | ( ) |

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

Do you have a physical, mental, or other health condition that has lasted for 6 or more months and which limits the kind or amount of work you can do at a job? [ ]  **NO** [ ]  **YES**

VETERANS PREFERENCE\*:

[ ]  Vietnam-Era Veteran: Served on active duty for more than 180 days, including any of the time period August 5, 1964 through May 7, 1975, and received other than dishonorable discharge, or released from active duty during the same period of time for service connected disability.

[ ]  Disabled Veteran: Entitled to veteran's disability compensation of 30% or more, or released from active duty for service-connected disability.

[ ]  Military veteran eligible for veteran’s preference.

[ ]  Widow/widower of a military veteran eligible for veteran’s preference.

[ ]  Spouse of an eligible military veteran with a service connected permanent and total disability.

\*Eligibility for veteran’s preference is defined in RCW 73.16.010. Applicants claiming veteran’s preference eligibility may be required to provide documents to verify eligibility such as a DD 214 or NGB 22.

Have you been employed by any other State of Washington agency? Yes [ ]  No [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If yes, agency: |       | Date: |       |  |
|  |       |  |       |  |