

**AFFIRMATIVE ACTION
WORK FORCE INFORMATION FORM**

Name: _____

Gender: M F

Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

RACIAL ORIGIN: (Racial origins are FEDERALLY designated categories)

- WHITE

- HISPANIC OR LATINO *(Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or Origin, regardless of race)*

- AMERICAN INDIAN /ALASKAN NATIVE

- BLACK OR AFRICAN AMERICAN

- ASIAN *(origins of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)*

- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER *(Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)*

- TWO OR MORE RACES

SIGNATURE

DATE