

# Associated Students, Incorporated Confidential Data Form

**COMPLETION OF THIS FORM IS VOLUNTARY**

Name		Position(s) Applied For:		
Address		City	State	Zip Code

How did you learn of this vacancy? \_\_\_\_\_

(Note: If newspaper advertisement, please indicate which newspaper.)

Gender:  Female  Male Date of Birth: \_\_\_\_\_

Vietnam Era Veteran:  Yes  No Dates of Service: \_\_\_\_\_

Disabled Veteran:  Yes  No Disability Rating: \_\_\_\_\_

An individual with a disability is a person who (1) has a physical or mental impairment that substantially limits a major life activity (functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working); (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Do you consider yourself an individual with a disability?  Yes (Please explain below)  No

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Ethnic Identification: Please select one of the following.

- American Indian      Persons having origins in any of the original people of North America, including the Aleutian Islands and Alaska, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islander      Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- Black/African American      Persons who have origins in any of the Black racial groups of Africa, but not of Hispanic origin.
- Hispanic      Persons of primary culture or origin in Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish derived culture or origin regardless of race.
- Caucasian      Persons having origins in any of the original people of Europe (including Spain and Portugal), North Africa and the Middle East.
- None of the above.
- I choose not to provide this information.

Signature	Date
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**NOT FOR INTERVIEW PURPOSES...TO BE DETACHED AND FILED SEPARATELY FROM APPLICATION.**