Date _____ Position(s) Applied For _____

EMPLOYEE SELF IDENTIFICATION FOR AFFIRMATIVE ACTION PROGRAMS

The following information is requested, but not required, in order that we may demonstrate to the U.S. Department of Labor/Equal Employment Opportunity Commission this institution's compliance with existing federal and state legislation. Information will be held **confidential** and will be used only for research and statistical purposes under the college's Equal Employment Opportunity Program and as authorized by the college's Affirmative Action Coordinator.

This form will be kept completely separate from any application and is *not* a part of the application you submit, *nor* will it be used as a basis for making employment decisions.

PLEASE PRINT

Name				
Address(Street)		(City)	(Stata)	(710)
(Street)		(City)	(State)	(ZIP)
Where did you hear about this	position?			
CHECK (√) ONE	…□ Male □ Fe	emale		
CHECK (√) ONE	Are you Hispanic or I	Latino? 🗆 Yes	□ No	
SELECT (√) ONE OR MORE	IF NOT HISPANIC OF	R LATINO:		
WhiteBlack or African AAsian		ative Hawaiian or Other merican Indian/Alaska N		
CHECK (√) IF ANY OF THE	FOLLOWING APPLY	:		
 Vietnam Era Veter Disabled Veteran Disabled Individua 	discharged with other that	a period of more than 180 day an dishonorable discharge)	ys between August 5, 1964, an	d May 7, 1975, and
Please return to:	Northwestern Colleg Attn: Affirmative Ad 101 7 th Street SW Orange City, IA 510 Fax: 712-707-7060	ction Coordinator		