EQUAL EMPLOYMENT OPPORTUNITY DATA

Mendocino Private Industry Council, Inc. (MPIC) considers all applications without regard to race, color, religion, sex, age, national origin, sexual orientation, marital or veteran status, or the presence of a non job-related mental or physical disability.

Completion of this form is entirely voluntary. This form will be kept separate and confidential and will not be used in any unlawful way to make any employment decisions, and it will ***not*** become part of your personnel record if you are hired by this agency.

Please help us comply with state and federal laws by completing this section. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to meet California and United States government regulations and Workforce Investment Act requirements, 29 CFR Part 37.

Position Applied For:_____ **Application Date:**_____

Name:_____ **Date of Birth:**_____

Sex: ☐ Male ☐ Female

Race/Ethnicity:

☐ **American Indian/Alaskan Native**
(All persons having origins in any of the original peoples of North America.

☐ **Asian/Pacific Islander (other than Filipino)**
(All persons having origins in any of the original people of the Far East, Southeast Asia, or the Pacific Islands, i.e., China, Japan, Korea, Samoa, the Indian Subcontinent and the Middle East)

☐ **Black**
(not of Hispanic origin: All persons having origin in any of the black racial groups)

☐ **Filipino**
(All persons having origins in the peoples of the Philippine Islands)

☐ **Hispanic**
(All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

☐ **White**
(not Hispanic origin - all persons not classified into one of the five specific ethnic categories previously stated)

☐ **Vietnam Era Veteran**
A person who (1) served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75, and discharged or released from with other than a dishonorable discharge, or (2) was discharged or released from active duty for service-connected disability if any part of such active duty was performed between 8/5/64 and 5/7/75.

☐ **Disabled Veteran**
A person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30 percent or more or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

☐ **Individual with a Disability**
A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment. We wish to accommodate otherwise qualified disabled applicants.

What is the nature of your disability? [ ] Visual [ ] Hearing [ ] Speech [ ] Physical
[ ] Developmentally Disabled

Will you require an accommodation? [ ] Yes [ ] No