



**Chief Leschi Schools
Puyallup Tribe of Indians**

INFORMATION FOR FEDERAL AND STATE REPORTING

NAME (Last, First, Middle Initial)	Position Applied For:	Date of Birth	Social Security Number
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The following information is being gathered for research and Federal Equal Employment Opportunity reporting requirements. Your voluntary cooperation in completing all the sections below is appreciated. The completed form will be filed separately from your application materials.

<p>1. <i>Are you 40 years of age or older?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. <i>Military Status (Please check all that apply)</i> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Disabled Vietnam-Era Veteran <input type="checkbox"/> Veteran other than Vietnam <input type="checkbox"/> Disabled Veteran other than Vietnam-Era <input type="checkbox"/> Spouse of Deceased Veteran Date of discharge: _____</p> <p>* Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs 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.</p> <p>* Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.</p> <p>3. <i>Disability* (Please check all that apply)</i> <input type="checkbox"/> Not Disabled <input type="checkbox"/> Visual <input type="checkbox"/> Ambulatory/Mobility <input type="checkbox"/> Hearing <input type="checkbox"/> Mental/Psychological <input type="checkbox"/> Multiple Disability <input type="checkbox"/> Other</p> <p>*For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental or sensory impairment which substantially limits one or more major life activities. Physical, mental or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.</p> <p>4. <i>Gender</i> <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>5. <i>What ethnicity do you consider yourself to be? Please see definitions.</i> <input type="checkbox"/> Caucasian/White (800) <input type="checkbox"/> Black/African-American (870) <input type="checkbox"/> Asian or Pacific Islander (API) <input type="checkbox"/> Chinese (605) <input type="checkbox"/> Filipino (608) <input type="checkbox"/> Hawaiian (653) <input type="checkbox"/> Korean (612) <input type="checkbox"/> Vietnamese (619) <input type="checkbox"/> Asian Indian (600) <input type="checkbox"/> Japanese (611) <input type="checkbox"/> Samoan (655) <input type="checkbox"/> Cambodian (604) <input type="checkbox"/> Laotian (613) <input type="checkbox"/> Guamanian (660) <input type="checkbox"/> Other _____ <input type="checkbox"/> American Indian (597) Please specify principal tribal affiliation: _____ <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Aleut (941) <input type="checkbox"/> Eskimo (935) <input type="checkbox"/> Other: _____</p> <p>6. <i>Are you of Spanish/Hispanic Origin?</i> <input type="checkbox"/> No (999) <input type="checkbox"/> Yes, Cuban (709) <input type="checkbox"/> Yes, Puerto Rican (727) <input type="checkbox"/> Yes, Mexican, Mexican-American, Chicano (722) <input type="checkbox"/> Yes, other Spanish/Hispanic (for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.): _____ (Please specify culture or origin)</p> <p>PROTECTED GROUP DEFINITIONS: <u>American Indian and/or Alaskan Native:</u> A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition. <u>Asian Pacific Islander:</u> A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or Pacific Islands. This area includes, for example, China, Japan, Korea, Philippine Islands and Samoa. <u>Black/African American (not of Hispanic origin):</u> A person having origins in any of the original groups of Africa. <u>Caucasian/White (not of Hispanic origin):</u> A person having origins in any of the original people of Europe, North Africa or the Middle East. <u>Hispanic:</u> A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.</p> <p>I certify that this information is true and accurate to the best of my knowledge.</p> <p>Signature _____ Date _____</p>
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How did you learn about this position? Please check the appropriate box(s):

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| <input type="checkbox"/> Graduate organization (specify) _____ | <input type="checkbox"/> Chief Leschi Schools employee or other referral |
| <input type="checkbox"/> Job/college placement service (specify) _____ | <input type="checkbox"/> Listing at a state employment security office |
| <input type="checkbox"/> Job fair (specify) _____ | <input type="checkbox"/> Chief Leschi Jobline |
| <input type="checkbox"/> Newspaper/other media advertisement (specify) _____ | <input type="checkbox"/> Chief Leschi Internet Website |
| <input type="checkbox"/> Other (specify) _____ | |