VNA OF THE INLAND COUNTIES

APPLICANT SELF-IDENTIFICATION FORM

The Visiting Nurse Association of the Inland Counties is an Equal Opportunity Employer and complies with all applicable regulations. We are required to solicit the information indicated below for statistical reporting purposes. Your responses are voluntary and your cooperation in providing this information is appreciated.

_____ _____ Gender: ☐ Male ☐ Female

Position Applied for Date

_____ _____

City of Residence Age

Ethnic Origin (Select All That Apply):

☐ **Hispanic or Latino**	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
☐ **White**	A person having origins in any of the original peoples of Europe, the Middle East or North Africa**.**
☐ **Black or African American**	A person having origins in any of the black racial groups of Africa.
☐ **Native Hawaiian or Other Pacific Islander**	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands**.**
☐ **Asian**	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia ,China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam**.**
☐ **American Indian or Alaska Native**	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
☐ **Two or more races**	A person who identifies with more than one of the above five races.

Disability: Do you believe you are a qualified individual with a disability, subject to the benefits of the Rehab Act, the Americans with Disabilities Act, or California's Fair Employment and Housing Act?

☐ **Yes** ☐ **No**

If yes, and you feel you need reasonable accommodation, please give details:

_____

_____

Veteran Status: Do you believe you are a veteran subject to the benefits of one or more of the qualified covered veteran categories?

☐ **N/A**	Not a veteran.
☐ **Disabled Veteran**	(i) A veteran of U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (ii) a person who was discharged or released from active duty because of service connected disability.
☐ **Other Protected Veteran**	A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized**.**
☐ **Armed Forces Service Medal Veteran**	A veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in the U.S. military operation for which an Armed Forces service medal was awarded**.**
☐ **Recently Separated Veteran**	A veteran during three year period beginning on the date of such veteran's discharge or release from active duty in the U.S military, ground, naval or air service**.**

How did you first learn of employment opportunities with this Agency?

☐ Internet Posting: Which site? _____

☐ Newspaper or Bulletin: Which paper/bulletin? _____

☐ Friend: Who? _____

☐ Posted Announcement: Where?_____

☐ Other: Please explain_____

_____ _____

Signature Date