



DEMOGRAPHIC INFORMATION

PLEASE TYPE OR PRINT

All information is confidential

S# _____

NAME: _____
 Last First Middle Suffix

STREET ADDRESS:

 Street City State Zip Code COUNTY

MAILING ADDRESS (if different):

 Street or P. O. Box City State Zip Code

PHONE NUMBER: (_____) - _____ - _____
PERSONAL EMAIL ADDRESS: _____

EMERGENCY CONTACT:

 Name Relationship Contact Phone (Include Area Code)

Educational Level: No Academic Credential Some College Master's Degree
 High School Diploma Associate's Degree Doctorate
 Trade Certification Bachelor's Degree Other _____

Red Rocks Community College is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights and regulations. In order to comply with these laws, the College invites employees to voluntarily self-identify their gender, race and ethnicity.

Although the College is asking you to complete this survey to assist us in complying with federal reporting requirements, doing so is completely voluntary. You will suffer no adverse consequences if you do not provide this information. The information will be kept confidential and will be used only in accordance with applicable law, executive orders, and regulations, including those that require the College to summarize and report the information it collects to the federal government.

GENDER: _____ **BIRTH DATE:** _____
 Month Day Year

CITIZENSHIP STATUS: US Citizen Other _____
 Visa Type Country Expiration Date

RACE (choose as many as apply): **ETHNICITY (choose one):**

American Indian or Alaska Native Hispanic or Latino
 Asian Not Hispanic or Latino
 Black or African American
 Native Hawaiian or other Pacific Islander
 White



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VETERAN STATUS:

- Yes, I am a veteran of the U.S. Armed Forces: (check all that apply below)
 - Peace Time Veteran
 - World War II Veteran
 - Korean War Veteran
 - Viet Nam Veteran
 - Active Reserve
 - Inactive Reserve
 - Retired
- No, I am not a veteran of the U.S. Armed Forces

I do not wish to self-identify

You are a veteran if you:

- Have engaged in active duty in the U.S. Armed Forces (Army, Navy, Air Force, Marines, or Coast Guard), or are a National Guard or Reserve enlistee who was called to active duty for other than state or training purposes, or were a cadet or midshipman at one of the service academies, and
- Were released under a condition other than dishonorable.

DISABILITY (choose one):

- Yes, I have a disability or previously had a disability No, I do not have a disability I do not wish to self-identify

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or, if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- | | | |
|---------------------------|---|--|
| • Blindness | • Schizophrenia | • Obsessive compulsive disorder |
| • Deafness | • Muscular dystrophy | • Impairments requiring the use of a wheelchair |
| • Cancer | • Bipolar disorder | • Intellectual disability (previously called mental retardation) |
| • Diabetes | • Major depression | |
| • Epilepsy | • Missing or partially missing limbs | |
| • Autism | • Post-traumatic stress disorder (PTSD) | |
| • Multiple sclerosis (MS) | | |
| • Cerebral palsy | | |
| • HIV / AIDS | | |

REASONABLE ACCOMMODATION NOTICE

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

EMPLOYEE SIGNATURE: _____

DATE: _____