

*We Create Opportunities for People
with Developmental Disabilities*

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AFFIRMATIVE ACTION IDENTIFICATION



In order to comply with reporting requirements under federal law, we ask you to complete this form. Please be assured that this information is voluntary, confidential and will be filed separately from the application form. The information you are asked to give will be used solely for purposes of compliance with federal requirements. It will not be used for hiring, placement, or any other decision relating to terms and conditions of employment. Refusal to provide this information will not subject you to any adverse treatment.

Name(please print): _____

Date: _____ Position(s) : _____

- Male
- Female
- "Vietnam Era" Vet
- Disabled Veteran
- Other Protected Veteran
- Disability

ETHNIC INFORMATION

- White/Caucasian
- Asian
- Hispanic/Latino
- Two or More Races
- Black/African American
- American Indian/Alaskan
- Native Hawaiian/Pacific Islander

The information volunteered by you shall be kept confidential, except that 1) Supervisors and Managers may be informed regarding restrictions on the work or duties of handicapped individuals and special accommodations which may be necessary; 2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and 3) government officials investigation compliance shall be informed.

If you answered yes on disabled veteran or disability, are there any reasonable accommodations, which The Arc of Spokane could make, that would enable you to perform the position you applied for in a more safe and efficient manner?
