



# South Louisiana Community College

## Human Resources Office - Affirmative Action

### Applicant Data

**NOTE:** Submission of this information is **VOLUNTARY AND WILL NOT BE USED IN THE CONSIDERATION OF YOUR APPLICATION.** The information is processed by the Human Resources Office and is used exclusively as provided by law for compliance purposes. The individuals participating in the selection process have no access to the information provided on this form.

#### Please provide the following information:

|   |             |                 |
|---|-------------|-----------------|
| Last Name:  | First Name: | Middle Initial: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female   |             |                 |
| Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Non Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran   |             |                 |
| Ethnicity/Race:<br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian or Pacific Islander<br><input type="checkbox"/> Black/African-American (not of Hispanic origin)<br><input type="checkbox"/> Hispanic (persons of Spanish culture or origin, regardless of race)<br><input type="checkbox"/> White (not of Hispanic origin)<br><input type="checkbox"/> Other: |             |                 |
| How did you learn of this vacancy?<br><input type="checkbox"/> Newspaper advertisement; Name of newspaper:<br><input type="checkbox"/> Notice in professional journal; Name of journal:<br><input type="checkbox"/> Personal referral<br><input type="checkbox"/> SLCC web site<br><input type="checkbox"/> Other; Please specify:<br><input type="checkbox"/> On-line service; Name of service:              |             |                 |
| Decline to state: <input type="checkbox"/> I have read this form and do not wish to provide the information requested.  |             |                 |