

MENTAL HEALTH ASSOCIATION OF ALAMEDA COUNTY

AFFIRMATIVE ACTION DATA REQUEST

In order to monitor the implementation of its Affirmative Action Program, the Association compiles statistical data on the sex, race and disability status of job applicants.

Please complete this data sheet in order to assist us in this process.

This page will be removed from the application prior to the application being reviewed; the data will be entered only on an applicant flow log.

NAME:	LAST	FIRST	INITIAL
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DATE : _____

Sex:

- 1. ____ Male
- 2. ____ Female

Are you a Vietnam era veteran?

- 1. ____ Yes
- 2. ____ No

Ethnic Classification:

- 1. ____ American Indian/Alaskan Native
- 2. ____ Caucasian
- 3. ____ African American
- 4. ____ Asian, Pacific Islander,
Indian Subcontinent
- 5. ____ Hispanic
- 6. ____ Filipino

Do you have a disability?

- 1. ____ No
- 2. ____ Yes

Persons with one or more disabilities: This Association desires, and is required, to take affirmative action to provide equal employment opportunity to otherwise-qualified persons who have one or more disabilities.

Provision of this information is strictly voluntary, and refusal to provide it will not subject you to any adverse treatment. Any information provided will be kept confidential and used only in accordance with the Federal regulation.