AFFIRMATIVE ACTION SURVEY

In order to facilitate the reporting of data relating to employees for compliance with Affirmative Action rules and regulations, we require the following:

[1.] Name_____
Last First Middle Initial

[2.] Address _____ (Apt.) _____

City _____ State _____ Zip _____

[3.] Home Phone # _____ Cell Phone #_____

[4.] Social Security Number Last 4 digits _____ [5.] Date of Birth _____

[6.] **Sex**: ☐ Female ☐ Male **Veteran**: ☐ Yes ☐ No **Disability:** ☐ Yes ☐ No

[7.] **Ethnic Category: (Please check ONE)**

☐ Asian (not Hispanic/Latino)
☐ Hispanic or Latino (not Puerto Rican)
☐ Puerto Rican
☐ Italian American
☐ Two or More Races
☐ Black/African American (not Hispanic/Latino)
☐ American Indian/Alaskan Native (not Hispanic/Latino)
☐ White (not Hispanic/Latino)
☐ Native Hawaiian/Other Pacific Islander (not Hispanic/Latino)

[8.] **Are you a U. S. Citizen?** ☐ Yes ☐ No

If no, what is your country of origin? _____

Visa Type _____ Visa Issue date _____/_____ Visa Expiration date_____/_____
Month/Year Month/Year

Work Authorization expiration date _____/_____/ _____
Month Day Year

[9.] **Veteran Status**

☐ Disabled Veterans (L)
☐ Recently Separated Veterans (O)
☐ Other Protected Veterans (M)
☐ Armed Forces Service Medal Veterans (N)

☐ Disabled person (Non-military)

[10.] Highest Degree Earned_____

Year degree/diploma received _____ Major:_____

[11.] York College Department _____

[12.] Miscellaneous :

Marital Status: ☐ Married ☐ Single

Emergency Contact Information: _____ _____
Name Telephone #

Signature: _____ Date: _____

(PLEASE TURN TO OTHER SIDE)

Rev. April, 2011

YORK COLLEGE
The City University of New York

FOR DISABLED EMPLOYEES AND DISABLED VETERANS

As part of our Affirmative Action Plan, we are asking disabled employees and disabled veterans to identify themselves. This information is voluntary and will be kept confidential.

If appropriate, please describe any accommodations you feel may be necessary to perform your job duties and responsibilities safely and properly.

This form is distributed to all employees. If you are not disabled, you do not have to fill out this page. *

Check appropriate box or boxes:

- ☐ Disabled
- ☐ Learning disability
- ☐ Disabled Veteran
- ☐ Visually impaired
- ☐ Wheelchair
- ☐ Mobility impaired
- ☐ Other

Other (describe):

_____

_____

Describe necessary accommodations:

_____

_____

***Please initial that you have read this notice**. _____