

FEDERAL GOVERNMENT DEFINITIONS OF AFFIRMATIVE ACTION CATEGORIES

White (not of Hispanic origin): any person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black (not of Hispanic origin): any person having origins in any of the Black racial groups of Africa.

Hispanic: any person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander: any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This also includes, for example, India, China, Japan, Korea, the Philippine Islands and Samoa.

American Indian or Alaskan Native: any person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.

Disabled: a person who, (1) has a physical or mental impairment which substantially limits one or more of that person's major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. A disability is substantially limiting if it is likely to cause the person difficulty in securing, retaining or advancing employment.

Disabled Veteran: any person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per centum or more or any person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era Veteran: any person who was on active duty with any branch of the United States military service during any portion of the Vietnam era and who, (1) served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge or (2) was discharged or released from active duty for a service-connected disability. Federal regulations define the Vietnam era as the period between August 5, 1964 and May 7, 1975.

VOLUNTARY

To All Applicants:

The City of Scottsboro is an equal opportunity employer. We are committed to providing equal access and participation through our policies, processes, and actions to qualified applicants and employees. Please assist us by providing the information requested below.

Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information will only be used for equal opportunity record keeping and reporting. The information you provide is confidential and will not be available to participants in the selection process except in the case of disabled individuals, (1) supervisors and managers may be informed regarding any restrictions on work or job duties and necessary for reasonable accommodation(s) and (2) safety and health care personnel may be informed, where appropriate, if the condition might require emergency treatment.

Check all of the following categories that are applicable to you. (Federal Government definitions of these categories are provided on the reverse side of this form.)

_____ Female

_____ Male

_____ White (not of Hispanic origin)

_____ Black (not of Hispanic origin)

_____ Hispanic

_____ Asian or Pacific Islander

_____ American Indian or Alaskan Native

_____ Disabled

_____ Disabled Veteran

_____ Vietnam-era Veteran

Name (Please Print): _____

Signature: _____

Date: _____

Thank you for your Cooperation.