STATISTICAL INFORMATION QUESTIONNAIRE

The information requested on this form is voluntary and will assist in evaluating the recruitment program and in accurately compiling required statistical reports for federal, state, and local agencies. This form will be detached from the program application and will not be used to discriminate against, or give preference to, any individual.

Please check the category that applies to you:

☐ Male
☐ Female

Date of Birth: __/__/__

Ethnicity: Instructions: Please mark one category and subcategory, if appropriate.

☐ American Indian
☐ Black/African American (not of Hispanic origin)
☐ White/Caucasian (not of Hispanic origin)
☐ Two or more Races/Ethnicities
☐ Foreign
☐ Other
☐ Declined to State
☐ Asian or Pacific Islander
  ☐ Asian
  ☐ Southeast Asian
  ☐ Pacific Islander
  ☐ Filipino
☐ Mexican/Latino:
  ☐ Mexican
  ☐ Other Hispanic/Latino