LOS ANGELES COMMUNITY COLLEGES

Academic Selection Unit



LOS ANGELES COMMUNITY COLLEGES

HUMAN RESOURCES 770 WILSHIRE BOULEVARD LOS ANGELES, CA 90017

Diversity Survey Form

Information obtained on this form is used for statistical reporting purposes only.

As a means of complying with Title 5 of California Code of regulation, LACCD is required to request that applicants voluntarily submit information related to their ethnic/race, gender, or disability background. This confidential information is used to evaluate compliance with State of California non-discrimination requirements. Upon filing an application, this self-disclosure form is removed from your application and forwarded to the Office of Diversity Programs for use in accordance with equal employment opportunity guidelines. Failure to file this form will not affect your application.

١.	EMPLOYEE			
	Last Name	First Name	Middle	Suffix
	Date of Birth (MM/DD/YYYY)			
	Indicate your sex: Female	_ Male		
	Subject Field of Instruction or Position	on: 		
2.	SELF-DISCLOSURE OF DISABILITY / VETERAN / VIETNAM ERA VETERAN			
	Mark one only: None of the following categories apply. Vietnam era veteran, not disabled Vietnam veteran, disabled Vietnam veteran, disabled Disabled, mentally or physically			
	If you are disabled and need reasonable accommodation, please describe:			
3.	ETHNIC DATA Please identify your race/ethnicity using the two questions below:			
	ARE YOU HISPANIC OR LATINO? (CHECK ONE) Yes No			
	WHAT IS YOUR RACE/ETHNICITY? (CHE Mexican, Mexican-American, Chica Central American South American Hispanic Other Asian Indian Chinese Japanese	no	an American	American Indian/ Alaskan Native Guamanian Hawaiian Samoan Pacific Islander Other White
I.	SIGNATURE			
		Signature		Signature Date

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