

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

The Housing Authority of the County of Santa Barbara is asking all job applicants to complete this form in order to maintain statistics in accordance with State and Federal laws and to evaluate our own equal employment opportunity policies. The information will be detached from the application itself and will not be used in the evaluation process.

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> MALE       | <input type="checkbox"/> Native American        | <input type="checkbox"/> Hispanic/Mexican/Latin American |
| <input type="checkbox"/> FEMALE     | <input type="checkbox"/> Asian American         | <input type="checkbox"/> Filipino American               |
| <input type="checkbox"/> UNDER 40   | <input type="checkbox"/> Afro American          | <input type="checkbox"/> White                           |
| <input type="checkbox"/> 40 OR OVER | <input type="checkbox"/> Other (specify): _____ |  |

HANDICAPPED PERSONS: Discrimination, on the basis of handicap is prohibited by law. If you have a handicap which limits a major life function please indicate your handicap below. The information will be used for statistical purposes ONLY.

- Visual Impairment
- Hearing Impairment
- Absence of Major/Minor Limbs
- Mental Impairment
- Other (specify) \_\_\_\_\_

RECRUITMENT INFORMATION: Please tell us how you learned about this job opening. Check appropriate boxes.

- |   |   |
|---|---|
| <input type="checkbox"/> Friend or relative         | <input type="checkbox"/> Newspaper                  |
| <input type="checkbox"/> Housing Authority Employee | <input type="checkbox"/> Job Announcement/<br>Flier |
| <input type="checkbox"/> Walk-in                    | <input type="checkbox"/> Other (specify): _____     |
| <input type="checkbox"/> Internet                   |   |