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.

☐ MALE    ☐ Native American    ☐ Hispanic/Mexican/Latin American
☐ FEMALE   ☐ Asian American    ☐ Filipino American
☐ UNDER 40 ☐ Afro American    ☐ White
☐ 40 OR OVER ☐ 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    ☐ Friend or relative    ☐ Newspaper
☐ Hearing Impairment    ☐ Housing Authority Employee    ☐ Job Announcement/ Flier
☐ Absence of Major/Minor Limbs    ☐ Walk-in    ☐ Internet
☐ Mental Impairment    ☐ Other (specify): ____________________________