

AFFIRMATIVE ACTION INFORMATION FORM

This information is requested to determine Louisiana Tech's compliance with civil rights law, and your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

PART I. Please indicate the following information.

Applicant's Name _____ Position Title/Number _____
Department _____ Anticipated Hire Date _____

PART II. The following information is collected for equal opportunity reports. You ARE NOT legally required to provide this information.

1. Ethnic Origin:

Hispanic or Latino Non-Hispanic or Non-Latino

2. Race:

White Asian
 American Indian/Alaskan Native Black or African American
 Native Hawaiian or Other Pacific Islander Other

3. Gender:

Male Female

4. Do you wish to declare yourself as disabled under our Affirmative Action Plan?

Yes No

5. Do you qualify as a Vietnam Era veteran (service between August 1964 and May 1975)?

Yes No

6. If you have a disability, please state your condition and accommodation that may be required.

7. Are you forty years of age or older?

Yes No

How / Where did you find out about this position?

I DO NOT WISH TO INDICATE ANY OF THE ABOVE INFORMATION Date _____

Instructions:

SAVE FORM AND EMAIL FORM DIRECTLY TO HUMAN RESOURCES AT affirmcards@latech.edu

DO NOT SEND TO THE DEPARTMENT. THIS INFORMATION SHOULD BE SUBMITTED TO HUMAN RESOURCES ONLY