

Delgado Community College

Federal Ethnicity & Race Reporting Form

Employees: All Delgado Community College employees are asked to self-identify their ethnicity and race in order for the College to comply with federal law, including Equal Employment Opportunity and Department of Education reporting requirements. No negative or otherwise adverse action will be taken whether you provide the information or not. Participation in the survey is voluntary. However, your cooperation and participation will allow the College to report the most accurate data for mandatory reporting purposes.

This form will be kept in a confidential file separate from your application for employment.

If you have any questions, you may contact the Human Resources Department.

Data Collected is Confidential

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

1. **Are you Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)
 - Yes
 - No

2. Please select the racial category or categories with which you most closely identify. Check as many as apply.
 - American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)

 - Asian:** A person having origins in any original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

 - Black or African-American:** A person with origins in any of the black racial groups of Africa.

 - Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

 - White:** A person having origins in any of the original people of Europe, Middle East or North Africa.

PLEASE PRINT & SIGN YOUR NAME BELOW TO INDICATE THAT YOU HAVE READ AND REVIEWED THIS FORM.

Print Name:

Signature:

Date: