



# VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

## HUMAN RESOURCES DEPARTMENT

### Gender/Ethnicity and Disability Information Form

(Confidential)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

United States Department of Education guidelines require us to collect racial and ethnic data for district employees and students. Recently enacted regulatory changes now allow you to claim multiple race/ethnic backgrounds instead of limiting you to only one. Please take a moment to review and update your ethnic and racial background information by answering the following questions. This information will allow us to accurately reflect the diversity within our district.

**Location** (please circle one): MC / OC / VC / DAC

Other: \_\_\_\_\_

**Position:** \_\_\_\_\_

**Please check whether you are Hispanic or not Hispanic and then move on to the additional race/ethnicity categories.**

- Hispanic or Latino  
 Not Hispanic or Latino

**What is your race/ethnicity? (check one or more)**

- American Indian/Alaskan Native  
 Asian Indian  
 Black Non-Hispanic  
 Cambodian  
 Central American  
 Chinese  
 Filipino  
 Guamanian  
 Hawaiian  
 Hispanic  
 Japanese  
 Korean  
 Laotian  
 Mexican, Mexican-Am, Chicano  
 Other Asian  
 Other Hispanic  
 Other Pacific Islander  
 Samoan  
 South American  
 Vietnamese  
 White Non-Hispanic

**Gender: (Please check one)**

- Male  Female

**Disability: (Please check one)**

- Yes\*  No

Disability is defined as any disability that substantially limits or impacts one or more of life's major activities, e.g. walking, standing, sitting, breathing, hearing, seeing, lifting, writing, reading, speaking, etc.

\*If "yes," do you use or require any of the following?

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Adjustment of Work Schedule | <input type="checkbox"/> Auxiliary Aid Provided          | <input type="checkbox"/> Braille Writer      | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Crutches or Walker          | <input type="checkbox"/> Job Site Equipment Modification | <input type="checkbox"/> Job Site Relocation | <input type="checkbox"/> Leg Braces  |
| <input type="checkbox"/> Reader Provided             | <input type="checkbox"/> Sign Interpreter Provided       | <input type="checkbox"/> Seeing Eye Dog      | <input type="checkbox"/> Wheelchair  |

