

East San Gabriel Valley Regional Occupational Program & Technical Center

1501 W. Del Norte St., West Covina, CA 91790 • (626) 962-5080 • FAX (626) 472-5145

EQUAL EMPLOYMENT OPPORTUNITY (EEO) DATA SUBMISSION FORM

In order to further its commitment to equal opportunity employment, the East San Gabriel Valley ROP/TC is requesting that applicants voluntarily provide the following information. This information is used for research and statistical purposes only. It is not available to individuals involved in the hiring process and is not used as a basis for employment decisions.

Print Name: _____ Date: _____

Position Applied For: _____

Your Age: _____ Female / Male (please circle)

Ethnicity:

Hispanic or Latino: Yes / No (circle one)

Race: (select one or more)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> White |

Marital Status (please circle): Single / Married / Separated / Widowed / Divorced

Is there a physical, mental limitation or disability, which would prevent you from performing any of the duties of the position for which you have applied? Yes / No If yes, what steps can be taken to accommodate you?

How did you learn about this job opportunity?

_____ ESGVROP/TC Employee _____ Newspaper _____ Job Flyer

_____ ESGVROP/TC Website _____ www.EDJOIN.org Website

Other: _____