

# HAYWARD COMMUNITY SCHOOL DISTRICT

15930 W 5<sup>TH</sup> STREET ~ HAYWARD, WI 54843



(715) 634-2619 ext.9001  
FAX (715) 634-3560

## SELF-IDENTIFICATION SECTION

Completion is Voluntary

Hayward Community Schools may be required to provide statistical reports to governmental agencies analyzing the composition of the pool of applicants for employment for purposes of furthering the governmental agency's affirmative action efforts in the employment and advancement of qualified minorities and women. The information requested below will be used for the compilation of statistical reports and record keeping purposes will be kept confidential, and no information provided will be used in any unlawful manner. The information that you choose to provide or choose not to provide will have no effect on employment related decisions.

\*\*\*\*\*

Position applied for: \_\_\_\_\_

Sex:       Male                       Female

Race/Ethnicity: *Check all that apply*

- Hispanic / Latino
- White - All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. Please identify which tribe you are affiliated with:
- Black or African American - All persons having origins in any of the black racial groups of Africa.
- Asian - All persons having origins in any of the original peoples of the Far East, Southeast Asia. This area includes, for example, China, Japan, Korea.
- Native Hawaiian or Pacific Islander – All persons having origins in the Indian subcontinent, or the Pacific Islands. This area includes, for example, the Philippine Islands, and Somoa.

(over)

**Handicapped Data:**

**Handicapped Individual - Person who:**

- 1. Has a physical or mental impairment which substantially limits one or more major life activities.**
- 2. Has a record of such impairment.**
- 3. Is regarded as having such impairment.**

**Will the handicap make achievement in the position applied for unusually difficult or will it limit your capacity to perform the duties of the position?**

**Yes**                       **No**

**If the answer is "Yes", please describe the impairment and what accommodations could be made:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: You may be subject to physical and mental examinations to determine whether there is any medical reason that you could not perform the duties of the position.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Thank you for taking the time to complete this questionnaire.**

**It is the policy of Hayward Community Schools to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, creed, gender, sex, sexual orientation, national origin, marital status, pregnancy, ancestry, disability, genetic information, arrest record, military service, or any other reason prohibited by federal, state or local law.**

**Revised: 1/19/12  
7/18/18**