

**TANANA VALLEY CLINIC  
EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

|                   |              |             |                               |
|-------------------|--------------|-------------|-------------------------------|
| <b>NAME: LAST</b> | <b>FIRST</b> | <b>M.I.</b> | <b>SOCIAL SECURITY NUMBER</b> |
|-------------------|--------------|-------------|-------------------------------|

**TO ALL APPLICANTS:**

The information requested on this page is being gathered by the Tanana Valley Clinic Human Resources Department to fulfill Federal Equal Employment Opportunity reporting requirements. All employers with 15 or more employees are covered by Public Law 88-352 and are required to keep employment records as specified by Commission regulations. This survey is also a tool in evaluating internal programs for insuring equal employment opportunity. Your responses are strictly voluntary, but we urge you to complete all items. This page will not be kept with your application.

**RACE, ETHNICITY, AND GENDER INFORMATION**

|                                      | <b>FEMALE</b>                | <b>MALE</b>                  |
|--------------------------------------|------------------------------|------------------------------|
| Alaska Native.....                   | (A) <input type="checkbox"/> | (B) <input type="checkbox"/> |
| American Indian/Native American..... | (C) <input type="checkbox"/> | (D) <input type="checkbox"/> |
| Asian or Pacific Islander.....       | (E) <input type="checkbox"/> | (F) <input type="checkbox"/> |
| African-American.....                | (G) <input type="checkbox"/> | (H) <input type="checkbox"/> |
| Hispanic.....                        | (I) <input type="checkbox"/> | (J) <input type="checkbox"/> |
| White.....                           | (K) <input type="checkbox"/> | (L) <input type="checkbox"/> |

**DEFINITIONS OF RACIAL/ETHNIC GROUPS**

The racial/Ethnic groups for State affirmative action programs and federal reporting purposes are defined as follows:

|  |  |
|--|--|
| <b>ALASKA NATIVE:</b>                        | Any person having origins in any of the original peoples of Alaska, and who maintains cultural identification through tribal affiliation or community recognition. Alaskan Native may include, for example, any person of Yup'ik, Inupiat, Aleut, Athabaskan, Tlingit, Haida, or Tsimshian origin. |
| <b>AMERICAN INDIAN/<br/>NATIVE AMERICAN:</b> | Any person having origins in any of the original peoples of North America (not including Alaska), and who maintains cultural identification through tribal affiliation or community recognition.   |
| <b>ASIAN OR PACIFIC<br/>ISLANDER:</b>        | Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.   |
| <b>AFRICAN-AMERICAN:</b>                     | (Not of Hispanic origin); any person having origins in any of the Black racial groups of Africa.   |
| <b>HISPANIC:</b>                             | Any person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.   |
| <b>WHITE:</b>                                | (Not Hispanic origin); any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.   |

**AGE INFORMATION**

|                  |                       |
|------------------|-----------------------|
| <b>Your Age:</b> | <b>Date of Birth:</b> |
|------------------|-----------------------|

**RETURN WITH APPLICATION  
TYPE OR PRINT IN INK ONLY**