

AFFIRMATIVE ACTION APPLICANT SURVEY

(Confidential)

Name: _____ Date: _____

Position Applied for: _____ Social Security No.: ____ / ____ / ____

Sex: Male _____ Definition of Disabled: As defined in the American Disability Act of 1990, a disabled

Female

person is one who: (1) has a physical or mental impairment which substantially

(3) is regarded as having such an impairment.

Vietnam-Era Veteran:

- Yes
- No

I am a disabled individual.

- Yes
- No
- Decline to state

Please indicate the extent of your disability. This will enable the District to plan for any accommodation which may be appropriate.

Age: Over Age 40