

**CITY OF WEST COVINA**  
**AFFIRMATIVE ACTION DATA SHEET**  
**(OPTIONAL)**

Public organizations are required to report to the federal government regarding the ethnic, racial, and gender make up of the workforce. The information is used for statistical purposes only.

This information is NOT used for decisions regarding hiring, promotion, etc. The form is kept separate from the employment application.

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

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

Please indicate the ethnic group you belong to:

- \_\_\_\_\_ White (Caucasian)
- \_\_\_\_\_ Black (African-American)
- \_\_\_\_\_ Hispanic (Person of Mexican, Cuban, Puerto Rican, Central or South American origin)
- \_\_\_\_\_ Asian or Pacific Islander (Person of Far Eastern, Asian, East Indian, Pacific Island, etc.)
- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Other

Male \_\_\_\_\_ Female \_\_\_\_\_ Over 40 \_\_\_\_\_

To assist our department in determining the effectiveness of our advertising, please provide the following information regarding how you became aware of this job opening:

- \_\_\_\_\_ Newspaper                      Name of paper/publication \_\_\_\_\_
- \_\_\_\_\_ Job Announcement              Where \_\_\_\_\_
- \_\_\_\_\_ City Employee                      Name \_\_\_\_\_
- \_\_\_\_\_ Friend
- \_\_\_\_\_ City's Web Site
- \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Thank you for your assistance in this matter.