PROFILE DATA
FOR FEDERAL AND STATE REPORTING
The United States Department of Education and other authorities require Walla Walla Community College to report the ethnic and racial profiles of applicants and staff. We ask your voluntary cooperation in responding to the questions below.

Name: ___________________________  ___________________________  ___________________________
Last      First      Middle

Birth Date: ___________________________

Job you are applying for: ___________________________

Are you: □  Male  □  Female

RACE/ETHNICITY

PART A:  Are you Hispanic or Latino?  □  YES □  NO, not Hispanic or Latino

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race. The term "Spanish origin" can be used in addition to "Hispanic/Latino or Latino."

If yes, choose one:

□  Mexican, Mexican American, Chicano (722)  □  Cuban (709)

□  Puerto Rican (727)  □  Other Hispanic or Latino, specify: ___________________________

If you marked "No, not Hispanic or Latino," please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

PART B:  What is your race? (Choose one or more)

Asian: A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent.

□  Chinese (605)  □  Filipino (608)  □  Japanese (611)  □  Vietnamese (619)

□  Cambodian (604)  □  Korean (612)  □  Laotian (613)  □  Other Asian, specify: ___________________________

Black/African-American. A person having origins in any of the Black racial groups of Africa.

□  (870)

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.

□  Native Hawaiian (653)  □  Samoan (655)  □  Guamanian (660)  □  Other Pacific Islander, specify: ___________________________

American Indian or Alaskan Native. A person with origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community recognition.

□  American Indian (597) Please identify name of the enrolled or principal tribe: ___________________________

□  Eskimo (935)  □  Aleut (941)  □  Other Native American, specify: ___________________________

White/Caucasian. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

□  (800)

DISABILITY INFORMATION

Disability Definition
For reporting purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as a mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.

Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking or learning?

□  YES- If YES, please check Appropriate Box  □  MENTAL (M)  □  PHYSICAL (P)  □  SENSORY (S)

□  NO
Major Degree
Minor Degree (BA,BS,MA,MSW,MS PhD, or MD)

Are you receiving a monthly military retirement benefit?  
Did you serve in the Republic of Vietnam?

List campaign, expeditionary, or service medals received: ______________________________________________

Employment preference is given to eligible veterans in compliance with RCW 73.16.010. To qualify for veteran's preference, you must attach a copy of your DD214 or NGB 22. Check the appropriate box below and answer the following questions:

1. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?  
2. Were you discharged within the last 15 years?  
3. Are you receiving a monthly military retirement benefit?  
4. Did you serve in the Republic of Vietnam?  
5. Did you serve in the United States Armed Forces between August 6, 1964 and May 7, 1975?  
6. Do you have a service-connected disability?  
7. List campaign, expeditionary, or service medals received: ______________________________________________

Definitions of Above Descriptions:

CAMPAIGN VETERAN: Active service in a military campaign for which a campaign ribbon was awarded.

VIETNAM-ERA VETERAN: A person who served on active duty for more than 180 days, any part of which occurred between February 28, 1961*, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; or who was discharged or released from active duty for a service-connected disability if any part of the active duty was performed between August 5, 1964, and May 7, 1975. (*Service between February 28, 1961, and August 5, 1964, must have been performed within the Republic of Vietnam in order to qualify.)

SURVIVING SPOUSE: (A) The unmarried spouse of any person who died of a service connected disability. (B) The spouse of any member of the armed forces serving on active duty who has been listed for a total of more than ninety days, (1) missing in action; (2) captured in line of duty by a hostile force; or (3) forcibly detained or interned in line of duty by a foreign government or power.

DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veteran Administration for a disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

How did you learn about this position?  
(1 ) WWCC Website  
(2) Listing at a state employment service office.  
(3) Walk-in  
(4) Personal Referral  
(5) Newspaper: Name: ______________________________
(6) Job Opportunity Bulletin. Where:____________________
(7) Other: Name:___________________________________

I HAVE READ ALL THE ABOVE INFORMATION AND ALL ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _______________________________ DATE ____________

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