

# NORTHWEST INDIAN COLLEGE

2522 Kwina Road Bellingham, WA 98226-9217  
(360) 676-2772 Fax (360) 738-0136

*Northwest Indian College provides equal educational and employment opportunities regardless of race, religion, national origin, age, sex, marital status, physical or mental disability or status as a special disabled veteran or veteran of the Vietnam era; except as provided by the Indian Preference Act (Title 25, U. S. Code, Section 473).*

The information requested in this questionnaire is being gathered, not for employment decisions, but for recordkeeping in compliance with federal laws. Your responses are strictly voluntary, and any information provided will be kept confidential. If you choose not to "self-identify", you will not be subject to any adverse treatment. In this instance, we are required under federal regulations to maintain race, sex, and disability information on the basis of visual observation or personal knowledge.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

If you do not wish to furnish the information requested below, please initial here: \_\_\_\_\_  
Initials

## **Race/Sex Information**

If you wish to furnish this information, please mark the appropriate category and complete the other questions if pertinent.

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Caucasian  |
| <input type="checkbox"/> Female | <input type="checkbox"/> Asian or Pacific Islander  |
|                                 | <input type="checkbox"/> Black  |
|                                 | <input type="checkbox"/> Hispanic   |
|                                 | <input type="checkbox"/> American Indian or Alaskan Native (if you checked here, please answer questions below) |

Are you an enrolled tribal member  Yes  No

If yes, what tribe: \_\_\_\_\_ Enrollment No. \_\_\_\_\_

## **Status As An Individual With A Disability, Special Disabled, Veteran, or Veteran Of The Vietnam Era**

If you are an individual with a disability, Vietnam era veteran, or a special disabled veteran and would like to be considered under the affirmative action program, please indicate how you would like to be identified by marking the appropriate box.

Individual with  
a Disability

Vietnam Era  
Veteran

Special Disabled  
Veteran

If you are an individual with a disability or a special disabled veteran, please indicate what, if any, reasonable accommodations you believe you need to perform the job you are applying for properly and safely.

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