

**CHILDREN'S HOSPITAL OAKLAND**  
**APPLICANT SELF-IDENTIFICATION FORM**

In compliance with State and Federal reporting requirements and for the Hospital's Affirmative Action Program, we must seek the following information from each person applying for employment. This information is requested on a strictly voluntary basis and refusal to furnish it will not subject you to any adverse treatment. Information obtained concerning individuals is for the use of the Human Resources Department only and shall be kept confidential. This document will not be forwarded to the Department Manager.

**Position applied for:** \_\_\_\_\_ **Position Number:** \_\_\_\_\_

**Applicant name:** \_\_\_\_\_  
*(Please print)*

<b><u>Race/Ethnic Background:</u></b>	<b><u>I am:</u></b>
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Female
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Male
<input type="checkbox"/> African-American	
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> White	
<input type="checkbox"/> Other _____	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Definitions:**

**American Indian or Alaskan Native** - All persons having origins of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Asian or Pacific Islander** - All persons having origins in any of the original peoples of Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the-Philippine Islands and Samoa.

**African-American** - All persons having origins in any of the Black racial groups of Africa.

**White** - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.