

## CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT Office of Human Resources Confidential Personal Information Form



Name:			Date:
Last Sex: M F	First	Middle Initial Date of Birth:	
	5511.	D	Month/Day/Year
Permanent Address:	Street & Number	City	Skate/Zin
	Sireei & number	Cuy	State/Zip
Mailing Address: (If different from Permanent Address	) Street & Number	City	State/Zip
Contact #: (	)		work
Alternate #: (	)	cell home	work
	)		
Email Address:			
<b><u>RACE/ETHNICITY AND OTHER INFORMATION</u>:</b> (Please <u>Check One</u> of the following)			
<b>WHITE</b> (not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.			
<b>AFRICAN AMERICAN/BLACK</b> (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.			
AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the cultural people of North America, and who maintain cultural identification through tribal affiliation or community recognition.			
ASIAN/PACIFIC ISLANDER: All persons having origins in any of the following ( <u>Check One</u> ):			
CHINA INDIA JAPAN OTHER ASIAN COUNTRY:			
LAOS VIETNAM KOREA			
PHILLIPINES CAMBODIA SAMOA OTHER PACIFIC ISLAND:			
GUAM HAWAII			
HISPANIC: All persons of Mexican, Puerto Rican, Cuban or South American culture or origin, regardless of race.			
OTHER:			
DECLINE TO STATE			
ARE YOU A VETERAN?	Yes No Mili	itary Branch:	Yrs of Service:
Are you:	A disabled veteran?		recently separated veteran?
An active duty wartime or campaign badge veteran? An Armed Forces service medal veteran?			
ARE YOU DISABLED?       Yes       No       Decline to State         An individual with a disability is a person who has (1) a physical or mental impairment that substantially limits one or more major life activities; or, (2) a record of such impairment; or, (3) is regarded as having such impairment.			
MARITAL STATUS: Single Married Divorced Other (specify)			
PERSON TO NOTIFY IN CASE OF EMERGENCY:			
RELATIONSHIP:			
CONTACT INFORMATION: Phone/Cell Number(s):			
Email Address(es):			
<b>NOTE:</b> Information on this form is used in preparing State and Federal reports and will be kept confidential in the Office of Human Resources.			