



Affirmative Action

APPLICANT DATA RECORD

Supplemental form with the Employment Application

Office of Administrative Services
 207 Fourth Ave., North, Room 306, Kelso, WA 98626
 (360) 577-3065 • Fax: (360) 577-3028 • Website: www.co.cowlitz.wa.us
 TDD (Hearing Impaired Line) (360) 577-3061

To All Applicants

It is our policy to seek and employ the best qualified personnel and individuals who are the best match for the position(s), and to ensure that equal opportunity and non-discrimination extends to all employment related matters, including hiring, layoffs promotion, transfer, work assignments, pay and benefits, discipline, training and other conditions of employment. Any form of discrimination based on age, sex, marital status, sexual orientation, race, creed, color, national origin, honorably discharged veteran or military status, or the presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a person with a disability, or any other status protected by law, is strictly prohibited, unless based upon a bona fide occupational qualification: Provided, that the prohibition against discrimination because of such disability shall not apply if the particular disability prevents the proper performance of the particular work involved. Cowlitz County is committed to maintaining an environment free from discrimination, harassment and intimidation based on any status protected herein.

Cowlitz County is required by law to provide the federal government or funding agencies with periodic reports on demographic information that may include sex, race/ethnicity, nationality, qualified disability status, and veteran status of applicants. This information is solely to help us comply with legal requirements. This information will be treated as personal and confidential and it is intended to be maintained separate from the application and not included in the application process. **The submission of this form and information is voluntary. Please print or type your responses.**

Date:	Position You Applied for:
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Mark all that are applicable to you:

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
Race or Ethnic Group: (mark all that are applicable to you)	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Disability Status:	
<input type="checkbox"/> An Individual with a Qualified Disability	<input type="checkbox"/> Disabled Veteran
Veteran Status:	
<input type="checkbox"/> No Military Service	<input type="checkbox"/> Retired Veteran <input type="checkbox"/> Non-Conflict/Combat Veteran
<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Inactive Reserve	<input type="checkbox"/> Other Conflict/Combat Veteran

Thanks for your participation.