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OTHER INFORMATION

The following information is requested to meet requirements for federal government payroll and fringe benefits procedures and research purposes in responding.

Date of Birth: (Mo/Day/Yr) _____ Sex: _____ Female _____ Male

Ethnic Group:

Black – (Not of Hispanic Origin) All persons having origins in any of the black racial groups of Africa

Please indicate specific ethnic/racial group: _____

Asian or Pacific Islanders – All persons having origins in any of the original peoples of the Far East; Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa

Please indicate specific ethnic/racial group: _____

American Indian or Alaska Native – All persons having origins in any of the original peoples of North America and who maintain cultural identification through Tribal Association or community recognition.

Please indicate specific ethnic/racial group: _____

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Please indicate specific ethnic/racial group: _____

White – (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Please indicate specific ethnic/racial group: _____

Handicapped – For purposes of this application, a “handicapped person” shall include only those persons certified as occupational/vocationally handicapped by the State of Wisconsin, Division of Vocational Rehabilitation.

Ex-convict – Any person convicted of any felony violation of law.

Veteran – Any person serving in any branch of the armed forces of the United States.

Years of active service: _____ to _____

ALL APPLICANTS MUST MAKE THIS CERTIFICATION:

I certify that all answers to the questions in this application are true, and I agree that any misstatements of material fact will cause forfeiture on my part of all rights to any employment.

Signature: _____

Date: (Mo/Day/Yr) _____