

**CITY OF OROVILLE  
SUPPLEMENTAL APPLICATION INFORMATION FORM**

The City of Oroville desires to ensure that its employment practices treat all persons equally, including women, minority, and disabled citizens. The following questions are designed to aid in that purpose and are required to obtain Federal and State Grant Funding. **Completion of this questionnaire is voluntary in full or any part therein.** Its purpose is to assist the City in documenting its equal employment opportunity program and to meet requirements in obtaining Federal and State Grant Funding.

**PLEASE PRINT YOUR RESPONSES BELOW**

Name: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

(Optional)

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Optional)

(Optional)

**SEX (Optional):** Male \_\_\_\_\_ Female \_\_\_\_\_

**RACE (Optional):**

- |  |   |
|--|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Alaska Native AND White               |
| <input type="checkbox"/> Black/African American                    | <input type="checkbox"/> Asian AND White  |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black/African American AND White                         |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian/Alaska Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other: _____   |

**HISPANIC/LATINO ETHNICITY (Optional):**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban                        |
| <input type="checkbox"/> Yes, Puerto Rican    | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

**WOULD YOU CONSIDER YOURSELF DISABLED BY EITHER OF THE FOLLOWING DEFINITIONS?**

(Optional)

1. Any physical disability to include but not limited to, impairment of sight, hearing, or speech, or impairment of physical ability because of amputation or loss of function or coordination, or any other health impairment which requires special education or related services. Any medical condition or health impairment related to or associated with a diagnosis of cancer, for which a person has been rehabilitated or cured, based on competent medical advice,

**OR**

2. Possess a disability which substantially limits a major life activity such as hearing, speaking, seeing, performing manual tasks, walking, learning, or working. Disabilities may either be physical or mental, including but not limited to, diseases such as cancer, diabetes, and epilepsy, as well as alcohol and drug addiction. Anyone with a previous record of being disabled and who is now, by competent medical determination cured, rehabilitated, or has had such condition arrested. (As an example, someone with a past history of mental or emotional illness or heart disease.)

Yes \_\_\_\_\_ No \_\_\_\_\_

**If you checked YES above, please describe your disability:** \_\_\_\_\_

\_\_\_\_\_

**How did you learn about this job?** \_\_\_\_\_

This form is immediately removed from the application packet and is not used to make any employment decisions.