

## **Affirmative Action Questionnaire**

In compliance with Local, State, and Federal Affirmative Action and Equal Employment regulations, Lakeview Clinic, Ltd., is responsible for developing a monitoring system to evaluate its selection and hiring practices, measure the effectiveness of its Affirmative Action Plan and produce required reports to various governmental agencies.

In order to comply with these regulations, we need to identify certain applicant data. You are not required by law to provide the information requested.

If you elect to provide the information, it will be detached from your application and will not be used to make a decision about employment.

General Info			Talanhana #
Name			Telephone #
Address			
Male	Female	American Indian or Alaskan Native Native Hawaiian or Pacific Islande Caucasian Asian Hispanic or Latino Black or African American	er  n
		Two or more of the above Do Not Wish To Identify	races
disabled vete kept confider Action policy	erans, and veterans of ntial and used only in y. Refusal to provide red by these regulation	n accordance with Government Regulation to this information will not adversely affect	formation is voluntarily provided and will be
Handicapped	l:		ment, which materially limits a major life t.
List l	handicapping condit	ion:	
Veterans:	rans: Disabled Veteran (Person entitled to VA Disability compensation or discharged from active duty for disability) Vietnam Era Veterans (served in military service anytime during 8/5/64 – 5/7/75)		
Lakeview Cl Clinic, Ltd.	inic, Ltd.'s Affirmat	ive Action Plan is available for viewing in	the Administrative Offices of Lakeview
Office Use O	Only: Position	1	I: H: