



APPLICATION FOR EMPLOYMENT

Rev. 07/20/2016

PLEASE PRINT

PERSONAL

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Number: (____) _____

Position desired? _____ Job Posting #: _____

How did you hear about us? Advertisement ☐ Website ☐ site name _____

Job Fair ☐ Friend ☐ Relative ☐ Walk-in ☐ Other ☐ (provide) _____

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES ☐ NO ☐

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES ☐ NO ☐

(If no, you may be required to provide authorization to work.)

Have you ever worked for this Company before? YES ☐ NO ☐

If yes, when? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES ☐ NO ☐

If yes, who and where do they work? _____

Are you presently employed? YES ☐ NO ☐ May we contact your employer? YES ☐ NO ☐

Do you have reliable transportation and a valid driver's license if required for this position?

YES ☐ NO ☐

Are you bi-lingual? YES ☐ NO ☐ Is yes, what language(s)? _____



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Are you available to work:

DAYS [] NIGHTS [] OVERNIGHTS [] WEEKENDS [] FULL TIME [] PART TIME []
PER DIEM []

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

EDUCATION *If hired, you need to provide official transcripts for post high school education*

	Name and Location of School	Course of Study	Credits Earned	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, training, certificates or licenses that would enable you to perform the position for which you are applying? YES [] NO [] If yes, please describe:



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In the past 10 years, have you:

Had a motor vehicle violation (speeding, distracted driving, suspension) YES [☐] NO [☐]

Been convicted of a crime? YES [☐] NO [☐]

Do not report any arrest, charge, or conviction that has been erased?

If yes for either, please explain:

*A conviction will not necessarily disqualify you from employment. Falsification of information regarding past convictions will disqualify you from employment.

EMPLOYMENT *Past 10 years starting with your present or most recent position*

1. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Title		Reason for Leaving	
Describe the Work Performed			
2. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Title		Reason for Leaving	
Describe the Work Performed			



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3. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Title		Reason for Leaving	
Describe the Work Performed			
4. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Title		Reason for Leaving	
Describe the Work Performed			
5. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Title		Reason for Leaving	
Describe the Work Performed			



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Use an additional sheet of paper if more space is necessary.

Please indicate by number the employers we may **NOT** contact: _____ and the reason why:

REFERENCES in addition to supervisors above: (not relatives, friends, or co-workers)

Name	Telephone Number ()
Organization	Relationship (supervisor, teacher, etc.)
Full Address (Including Street, City, State & Zip)	
Street _____ City _____ State ____ Zip _____	
Name	Telephone Number ()
Organization	Relationship (supervisor, teacher, etc.)
Full Address (Including Street, City, State & Zip)	
Street _____ City _____ State ____ Zip _____	
Name	Telephone Number ()
Organization	Relationship (supervisor, teacher, etc.)
Full Address (Including Street, City, State & Zip)	
Street _____ City _____ State ____ Zip _____	



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Applicants will receive consideration for positions, without regard to age, ancestry, color, genetic information, learning disability, marital status, past or present history of mental disability, intellectual disability, national origin, physical disability, race, religious creed, sex, including pregnancy, sexual harassment or transgender status, or sexual orientation, or any other legally protected class.

IMPORTANT, PLEASE READ AND SIGN

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification, dismissal, or other action pursuant to employment agency policy and procedure, and subject to criminal penalties as prescribed by law.

I understand that if I am hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. Employees may be terminated, with or without cause or notice, at any time at the option of my employer or me.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

Project Genesis Provides Consumer-Focused Services To All Consumers.

To that end, we involve consumers and their family/conservators in making hiring decisions whenever possible. During the interview process, I understand that I may be asked to meet with the consumer and their family or conservator. During this process, I may be privy to confidential information which I understand I am prohibited from disclosing.

As a consumer-focused agency, I understand that employment with any consumer is contingent upon the satisfaction of the consumer and her/his team, including family members and conservators as well as upon the ability of the employee to meet agency standards. When a consumer or their team members believe that a staff change is in the best interest of the consumer, I understand that this staff change may result in loss of employment to an employee.

Signed: _____ Date: _____



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Candidates applying for position requiring driving vehicles to provide transportation for students with an IEP (Individuals Education Plan).

Consent To Drug/Alcohol Testing And Release Of Results

I, _____(name), do hereby consent to undergo a drug/alcohol test, as required by Project Genesis, Inc. (employer) and mandated by the Connecticut State Department of Education. Further, I authorize the hospital, clinic and/or testing facility to release to Project Genesis, Inc. (employer) the results of such test and I release the hospital, clinic, and/or testing facility, its doctors, and medical personnel from liability from any release or use of this information.

Signed: _____ Date: _____



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CANDIDATE DRIVING INFORMATION VERIFICATION**

Name: _____

Driver's License: # _____

State: _____

Expiration Date: _____

Valid Vehicle Registration: _____ Yes _____ No

Expiration Date: _____

Current Insurance Policy Information:

Insurance Company: _____

Coverage dates: From: _____ To: _____

Employer Use Only _____

Verified by: _____

Date: _____



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National Research Co.

A Division of National Research Associates Inc.

Suite 300
750 Old Main Street
Rocky Hill, CT 06067
PH. (860) 529-3006
Fax. (860) 529-4375

AUTHORIZATION AND RELEASE TO OBTAIN CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

The background information that I supply in connection with my employment application will be verified by (**Project Genesis, Inc.**), herein referred to as "The Company"; by it or its agents, including National Research Company and mutual associations to ensure that the information that I provide is accurate in every way. The information to be verified includes any and all information supplied on any application form or resume and information provided in any conversation or interview with any employee of "The Company". This may include discussions with references (personal or business) that I provide.

I authorize "The Company" and its agents to conduct a thorough inquiry into all areas deemed necessary to arrive at a hiring decision. I authorize full disclosure of information to "The Company" and its agents, including National Research Company. This information may include verification of employment, education records, criminal, driver history records at the Department of Motor Vehicles, drug test, professional license/certification verification, personal/professional references, healthcare provider searches, sex offender registries, court records and all public record information. This also includes federal, state and local government agencies the authorization to release privacy-act-protected information to National Research Company. An annual driver history record search may be completed if my job responsibilities require driving a motor vehicle for "The Company". I agree that such information is reasonably related to my application for employment.

I understand the information provided by National Research Company to "The Company" will be used for employment purposes and I authorize such use.

I have reviewed this form, understand the intent of this authorization and release and give my full consent for disclosure of information referenced above.

A photocopy of this release will be as valid as the original, even though the photocopy does not contain an original writing of my signature.

Signature

Date

Name (Last Name, First, Middle Initial)

Other Last Name(s):

Date of Birth (month, day and year)
(identification purposes)

Social Security Number

Driver's License Number

State of Issue



APPLICATION FOR EMPLOYMENT

Rev. 07/20/2016

National Research Co.

A Division of National Research Associates Inc.

Suite 300
750 Old Main Street
Rocky Hill, CT 06067
PH. (860) 529-3006
Fax. (860) 529-4375

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

By this document, (**Project Genesis, Inc**) herein referred to as "The Company, discloses to you that a consumer report and/or investigative consumer report may be obtained for employment purposes as part of the employment background investigation. Such a report could include information about the applicant's character, general reputation, personal characteristics and mode of living. It could also include reference checks with former employers about job performance. The information could also include verification of employment, education, criminal and motor vehicle records; professional license/certification verification, drug test, personal/professional references, court records, healthcare provider searches, sex offender registries, all public record information and verification of any information you provide to "The Company" in connection with your application for employment. This also includes federal, state and local government agencies the authorization to release privacy-act-protected information to National Research Company. A Summary of your Rights under the Fair Credit Reporting Act has been attached for your review.

In the Summary of Consumer Rights under the Fair Credit Reporting Act you have the right to dispute the accuracy of this report.

My signature below acknowledges my receipt of this disclosure.

I _____ acknowledge that a consumer report or investigative consumer report may be obtained for employment purposes.

Signature

Date

Revised 5-1-2015



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Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.



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Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:



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TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW, Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357



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Residential Address History Form

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ ST _____ Zip Code _____

Social Security # _____

Please identify all *previous* residential addresses where you have resided for the past 10 years in chronological order beginning with your most recent former address.

Dates

Address _____ City _____ ST _____ Zip Code _____ / ____ - ____ / ____

Address _____ City _____ ST _____ Zip Code _____ / ____ - ____ / ____

Address _____ City _____ ST _____ Zip Code _____ / ____ - ____ / ____

Address _____ City _____ ST _____ Zip Code _____ / ____ - ____ / ____

Address _____ City _____ ST _____ Zip Code _____ / ____ - ____ / ____

Address _____ City _____ ST _____ Zip Code _____ / ____ - ____ / ____

Address _____ City _____ ST _____ Zip Code _____ / ____ - ____ / ____

Address _____ City _____ ST _____ Zip Code _____ / ____ - ____ / ____

Address _____ City _____ ST _____ Zip Code _____ / ____ - ____ / ____



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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date



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Voluntary Self-Identification of Disability

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Reasonable Accommodation Notice
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Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



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PRE OFFER VOLUNTARY SELF-IDENTIFICATION FORM

Name _____
Last Name First Name Middle Initial

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- ☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
- ☐ I AM NOT A PROTECTED VETERAN
- ☐ I CHOOSE NOT TO SELF IDENTIFY

Signature of Applicant

Date

VOLUNTARY AFFIRMATIVE ACTION DATA

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Affirmative Action and Equal Opportunity Employer

Project Genesis, Inc. • P.O. Box 799 • Willimantic, CT 06226 • 860.456.1698 phone • 860.456.7417 fax



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PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, Citizenship, age, marital status, ancestry, sexual orientation, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS, NOT FOR INTERVIEW PURPOSES, FILE SEPARATELY FROM APPLICATION.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we request you complete this application survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is not a part of our official application for employment. It will not be used in any employment decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Application information

☐ Male

☐ Female

Position applied for: _____ **Job Posting #** _____ **Date:** _____

Please select from the following Equal Employment Opportunity Identification Groups:

☐ Hispanic or Latino

☐ African-American

☐ American Indian/Alaskan Native

☐ Asian

☐ White

☐ Native Hawaiian or Pacific Islander

☐ Two or More Races

Definitions: (70 Fed. Reg. 227)

- **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **African-American or Black** - A person having origins in any of the black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Two or More Races** - Persons who identify with more than one of the above races/ethnicities.