

**CITY OF LANSING**  
**SELF-IDENTIFICATION FORM**

The information requested is being collected for the purpose of reporting to federal, state and equal employment opportunity agencies and will not be considered as part of the application for employment. It will be separated from the application. Your response is voluntary.

Name \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Ethnic Self-identification**

Are you Hispanic, Latino, or of Spanish Origin?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Race Self-identification**

Please select one or more of the following racial groups which apply to you:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

What is your gender?

\_\_\_\_\_ Female

\_\_\_\_\_ Male

Do you consider yourself a person with a disability?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Position Applied For: \_\_\_\_\_