



DEMOGRAPHIC INFORMATION FORM

Job/Position Title:

RELIGIOUS AFFILIATION

This information is required for Faculty, Administrators, and select Staff Positions.

I am a Minister of Religion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Lutheran, Missouri Synod	<input type="checkbox"/> Protestant, non-Lutheran	<input type="checkbox"/> Unchurched	<input type="checkbox"/> Unknown/Undeclared	
<input type="checkbox"/> Lutheran, Other	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Other Faith: _____		

REPORTING INFORMATION

The following information pertains to Equal Employment Opportunity and is used for reporting purposes. This information is voluntary. Answers will be kept confidential. Responses/non-responses will not be subject to adverse impact.

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Latino		
Race:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<i>(Multiple races can be checked.)</i>	
Veteran:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Vietnam Veteran only	<input type="checkbox"/> Other Protected Veteran only
			<input type="checkbox"/> Both Vietnam Veteran and Other Protected Veteran	
Disability:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	

Employee Signature

Date

08/31/17