Print Form

LONG BEACH CITY COLLEGE
OFFICE OF HUMAN RESOURCES

STATISTICAL INFORMATION QUESTIONNAIRE

The information requested on this form is voluntary and will assist in evaluating the recruitment program and in accurately compiling required statistical reports for federal, state and local agencies. This form will be detached from the employment application and will not be used to discriminate against, or give preference to, any individual.

Please check ALL the categories that apply to you.

- ☐ Male
- ☐ Female
- ☐ Veteran
- ☐ Disability (please specify):_____

Note: A person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such an impairment, or is regarded as having such an impairment is considered to have a disability.

How did you learn about this position?

- ☐ LBCCD Hotline
- ☐ LBCCD WebPages
- ☐ LBCCD Employee Referral
- ☐ LBCCD HR Lobby
- ☐ CA CC Registry List
- ☐ School District
- ☐ College/University (other than LBCCD)
- ☐ CCC Registry
- ☐ CASBO
- ☐ EdJoin
- ☐ ACSA
- ☐ Diverse Issues in Higher Education
- ☐ Hispanic Outlook in Higher Education
- ☐ Chronicle of Higher Education
- ☐ Community College Week
- ☐ Press Telegram
- ☐ La Opinion
- ☐ LA Times/Career Builder
- ☐ Monster.com
- ☐ EDD
- ☐ Club or Organization
- ☐ City Library
- ☐ Newspaper – Other (specify):_____
- ☐ Internet – Other (specify):_____
- ☐ Other (specify):_____

Name: _____

Position applied for: _____