



SOUTH CENTRAL REGIONAL COUNCIL OF GOVERNMENTS

Planning for Our Region's Future

Bethany Branford East Haven Guilford Hamden Madison Meriden Milford
New Haven North Branford North Haven Orange Wallingford West Haven Woodbridge

Voluntary Affirmative Action Questionnaire

The South Central Regional Council of Governments (SCRCOG) considers applicants for all positions without regard to race, color, religion, sex, national origin, age, or disability. As required, we comply with state and federal government Affirmative Action regulations and SCRCOG's Affirmative Action Policy Statement adopted by the SCRCOG Board.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey, which will be filed separately from your application.

Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Position Applied For: _____ **Date:** _____

SECTION I: APPLICANT INFORMATION

| | | |
|-----------------|-------------|-------------------|
| Last Name: | First Name: | Middle Initial: |
| Street Address: | | Apartment/Unit #: |
| City: | State: | ZIP Code: |

SECTION II: REFERRAL SOURCE (Select one answer)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> SCRCOG Website | <input type="checkbox"/> Employee/Municipality | <input type="checkbox"/> New Haven Register | <input type="checkbox"/> La Voz Hispana |
| <input type="checkbox"/> SCRCOG E-Mailing List | <input type="checkbox"/> CCM | <input type="checkbox"/> Hartford Courant | <input type="checkbox"/> Inner City News |
| <input type="checkbox"/> Other (please specify): _____ | | | |

SECTION III: APPLICANT AFFIRMATIVE ACTION DATA

Gender (Select one answer): ☐ Male ☐ Other (please specify): _____
☐ Female ☐ Prefer not to respond

Race and Ethnicity (Select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Prefer not to respond |

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