

## Voluntary Affirmative Action Questionnaire

The South Central Regional Council of Governments (SCRCOG) considers applicants for all positions without regard to race, color, religion, sex, gender identity or expression, marital status, national origin, age, ancestry, status as a veteran 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"/> SCRCOG E-Mailing List	<input type="checkbox"/> New Haven Register	<input type="checkbox"/> CT News Junkie
<input type="checkbox"/> La Voz Hispana	<input type="checkbox"/> Inner City News	<input type="checkbox"/> CT APA	<input type="checkbox"/> CCM
<input type="checkbox"/> Employee/Municipality	<input type="checkbox"/> Other (please specify): _____		

SECTION III: APPLICANT AFFIRMATIVE ACTION DATA	
<b>Gender (Select one answer):</b>	<input type="checkbox"/> Male <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to respond
<b>Race and Ethnicity (Select all that apply):</b>	
<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

Revised: April 2026