



Division of Human Resources

Staff Data Collection Form

This information is required for the Florida Department of Education and Federal reporting purposes only.

PLEASE PRINT

Name: _____
(Last) (First) (Middle)

Employee ID or SS No.: _____ Date of Birth: ____/____/____

Please answer **BOTH** questions 1 and 2.

1. Are you Hispanic or Latino? *(Please choose only one.)*

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your race? *(Please mark all that apply.)*

- ☐ American Indian or Alaska Native – A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment.
- ☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American – A person having origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Signature: _____ Date: _____