



## Employment Application EMT-Basic or EMT-Paramedic

To Applicant: We appreciate your interest in San Luis Ambulance (SLA), and we are interested in your qualifications. A clear understanding of your background and work history will help us in placing you in a position that best meets your qualifications. It is our policy to provide Equal Employment Opportunities to all qualified persons with regard to race, color, religion, gender identity, pregnancy, sex, national origin, ancestry, citizenship, sexual orientation, marital or veteran status, physical or mental disability, medical condition, age, genetics or any other legally protected status.

Full Name: \_\_\_\_\_

Position applying for (**check appropriate box**):

**EMT-P (Paramedic)**

**Full-Time**   

**Reserve**   

**EMT-B (Basic)**

**Full-Time**   

**Reserve**   

NOTE: Full-Time staff are scheduled to work 120 hours (five 24-hour shifts or seven 12 hour shifts) per two week pay period and eligible to receive vacation and insurance benefits. Reserve staff are utilized on an as needed basis to cover sick, vacation, long distance transfers, and special event.

What is needed:

Two Letters of Reference    #1  #2

(No relatives please and all letters must list period of time known and attest to your character)

BLS CPR Card    Expiration Date    \_\_\_\_\_

California Ambulance Driver's Certificate    Expiration Date    \_\_\_\_\_

California Driver's License    Expiration Date    \_\_\_\_\_

California Paramedic License    Expiration Date    \_\_\_\_\_

County of Accreditation \_\_\_\_\_    Date Received License    \_\_\_\_\_

Current DMV Printout (Valid for 90 days)    Printout Date    \_\_\_\_\_

EMT-B Certificate    Expiration Date    \_\_\_\_\_

Medical Examiner's Certificate    Expiration Date    \_\_\_\_\_

Resume' Attached    Yes    No

Please attach photocopies of ALL current certifications and licenses you possess (i.e., BLS-CPR, Ambulance Driver's Certificate, EMT-B Certificate, EMT-P License, Medical Examiner's Certificate, California Driver's License, ICS 200, Haz Mat FRO).

A CURRENT California Department of Motor Vehicle's printout of your driving record is required. If there are any accidents listed on this printout, you must provide San Luis Ambulance with a copy of the accident report(s).

Complete applications are accepted and held until our next hiring process. It is your responsibility to keep your information current. Please inform the Human Resources Department, if you would like your application held longer than 180 days.

Letters are mailed to applicants approximately one month prior to our testing date; this letter requires a RSVP.

If you should have any questions, regarding the application process, please contact Human Resources Department, at 805-543-2626.

Send all completed applications by any of the following methods: Scan and email to [jobs@sla.md](mailto:jobs@sla.md) , mail or hand deliver to our business office located at 3546 South Higuera Street, San Luis Obispo, CA 93401

# Employment Application Form

We are an Equal Opportunity employer. This application is valid for 180 days

**Instructions (Please Read):** Please read carefully, write clearly, and answer all questions completely. Only candidates that fully complete all sections of this application will be considered for employment, although responding to any questions marked as being *voluntary* is optional. Not all applicants will be interviewed; only those interviewed will receive a response back. If you require any accommodation(s) during your employment interview, please request such in advance of the interview.

**IMPORTANT NOTE:** This application is mandatory to be completed in full along with attaching letters of reference from individuals stating the time they have known you and attesting to your character.

## 1 Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 2 Position

What position are you applying for: \_\_\_\_\_

Work hours desired: \_\_\_\_\_ Check all that apply:  Full-Time  Reserve

Can you work any day of the week, if required:  Yes  No If No, indicate days not available: \_\_\_\_\_

Will you work overtime if requested:  Yes  No Pay Expected: \_\_\_\_\_ per  Hour  Month

(NOTE: Total hours and schedule are at the discretion of management. Pay scale is based on experience and education).

## 3 Employment History

**Instructions (Please Read):** List most recent employer first. Account for all occupied and unoccupied time during the past ten years. Attach extra pages if necessary. It is unacceptable to put only "see resume" in any section. If currently employed, state why you are seeking other employment under "reason for leaving".

|                                                                                         |                                                                                          |                                                                                        |                                                                             |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Dates of Employment<br>___/___/___ to ___/___/___<br><small>(Mo./Yr.) (Mo./Yr.)</small> | Name, Address and Current Phone Number of Employer:<br>_____<br>_____                    |                                                                                        |                                                                             |
| Name of Supervisor:                                                                     | Title of Supervisor:                                                                     | Telephone Extension:                                                                   |                                                                             |
| Job Title:                                                                              | Salary Start: _____<br>Per <input type="checkbox"/> Hour <input type="checkbox"/> Yearly | Salary End: _____<br>Per <input type="checkbox"/> Hour <input type="checkbox"/> Yearly | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Duties:<br><br>                                                                         |                                                                                          |                                                                                        |                                                                             |
| Reason For Leaving:<br><br>                                                             |                                                                                          |                                                                                        |                                                                             |
| Dates of Employment<br>___/___/___ to ___/___/___                                       | Name, Address and Current Phone Number of Employer:<br>_____                             |                                                                                        |                                                                             |

|                     |           |                                                                                          |                                                                                        |                                                                             |
|---------------------|-----------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| (Mo./Yr.)           | (Mo./Yr.) | _____                                                                                    |                                                                                        |                                                                             |
| Name of Supervisor: |           | Title of Supervisor:                                                                     |                                                                                        | Telephone Extension:                                                        |
| Job Title:          |           | Salary Start: _____<br>Per <input type="checkbox"/> Hour <input type="checkbox"/> Yearly | Salary End: _____<br>Per <input type="checkbox"/> Hour <input type="checkbox"/> Yearly | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Duties:             |           |                                                                                          |                                                                                        |                                                                             |
| Reason For Leaving: |           |                                                                                          |                                                                                        |                                                                             |

|                                                                      |                                                                       |                                                                                          |                                                                                        |                                                                             |
|----------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Dates of Employment<br>____/____ to ____/____<br>(Mo./Yr.) (Mo./Yr.) | Name, Address and Current Phone Number of Employer:<br>_____<br>_____ |                                                                                          |                                                                                        |                                                                             |
| Name of Supervisor:                                                  |                                                                       | Title of Supervisor:                                                                     |                                                                                        | Telephone Extension:                                                        |
| Job Title:                                                           |                                                                       | Salary Start: _____<br>Per <input type="checkbox"/> Hour <input type="checkbox"/> Yearly | Salary End: _____<br>Per <input type="checkbox"/> Hour <input type="checkbox"/> Yearly | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Duties:                                                              |                                                                       |                                                                                          |                                                                                        |                                                                             |
| Reason For Leaving:                                                  |                                                                       |                                                                                          |                                                                                        |                                                                             |

|                                                                      |                                                                       |                                                                                          |                                                                                        |                                                                             |
|----------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Dates of Employment<br>____/____ to ____/____<br>(Mo./Yr.) (Mo./Yr.) | Name, Address and Current Phone Number of Employer:<br>_____<br>_____ |                                                                                          |                                                                                        |                                                                             |
| Name of Supervisor:                                                  |                                                                       | Title of Supervisor:                                                                     |                                                                                        | Telephone Extension:                                                        |
| Job Title:                                                           |                                                                       | Salary Start: _____<br>Per <input type="checkbox"/> Hour <input type="checkbox"/> Yearly | Salary End: _____<br>Per <input type="checkbox"/> Hour <input type="checkbox"/> Yearly | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Duties:                                                              |                                                                       |                                                                                          |                                                                                        |                                                                             |
| Reason For Leaving:                                                  |                                                                       |                                                                                          |                                                                                        |                                                                             |

## 4 Education

### High School:

Name of School:

Location of School (City & State):

Completion Status (check one):

Graduated  GED  Did not graduate; grade completed: \_\_\_\_\_

### College or University (including Jr. College):

Name of School:

Location of School (City & State):

Completion Status (check as applicable):

Graduated Year graduated \_\_\_\_\_  Degree received  AA or 2 yrs. of college  Bachelor's or 4 yrs. of college  
 More than 4 yrs. of college  Did not graduate; but years completed: \_\_\_\_\_

Major or Concentration:

### EMT-P School:

Name of School:

Location of School (City & State):

Completion Status (check one):

Graduated Year graduated \_\_\_\_\_  Did not graduate

### Other School:

Name of School:

Location of School (City & State):

Completion Status (check one):

Graduated  Did not graduate

Are you currently enrolled in school?  Yes  No

If yes, what school: \_\_\_\_\_

List courses you are currently taking: \_\_\_\_\_

## 5 Languages

Other than English, in what languages are you proficient?

Language: \_\_\_\_\_ Check all that apply:  Speak  Read  Write

Language: \_\_\_\_\_ Check all that apply:  Speak  Read  Write

## 6 Military (Answering the next two questions is strictly voluntary)

Are you a veteran? Yes No

What skills acquired during military service, may be of interest or value to SLA:

## 7 Personal

If hired, can you submit proof of identity and legal right to work in the United States? Yes No

Do you have a valid Driver's License? Yes No If Yes, from what state:

Have you ever lost or been denied a security clearance? Yes No

If Yes, explain:

Have you ever used another name? Yes No

List all other names:

List names of any relatives or acquaintances ever employed by our Company:

List any professional organizations to which you belong (you may omit anything that would be indicated as a protected class):

## 8 References (You MUST provide at least 3 references. Do not provide a relative, current SLA employee or former employer)

| Work or Personal | Name: | Occupation: | Phone: | Email: |
|------------------|-------|-------------|--------|--------|
|                  |       |             |        |        |
|                  |       |             |        |        |
|                  |       |             |        |        |

## 9 Criminal History

**Instructions (Please Read):** Do not identify any of the following (1) convictions for possession of marijuana (except for convictions for possession of marijuana on school grounds or possession of concentrated cannabis) that are more than 2 years old; (2) convictions for which the criminal record has been expunged, sealed or eradicated by the court; or (3) misdemeanor convictions for which any probation has been completed and the case dismissed by the court; or (4) arrest, detention, processing, diversion, supervision, adjudication or court disposition while you were subject to the process and jurisdiction of juvenile law. **Note:** No applicant will be denied employment solely on the grounds that they have been charged, committed, or been convicted (or pleaded guilty or no contest) of a criminal offense, or solely for answering "yes" to the questions below. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for will be considered.

Within the past 7 years, have you been convicted of (or pleaded guilty or no contest) to a Felony or Misdemeanor including, but not limited to, any for which you were released from prison or paroled within the last 7 years?

Yes No If yes, please explain each conviction fully (use back of application, if needed). When, where and of what you were convicted and disposition of the case(s):

Are you currently under arrest, released on bond or your own recognizance, pending trial for a criminal offense?

Yes No If Yes, state the nature of the crime charged, and when and where trial is pending (use back of application, if needed):

## 10 Agreement

**Instructions (Please Read):** By initialing each paragraph, I am indicating that I have fully read and understand the paragraph. By signing below, I am agreeing to all the following:

### READ & INITIAL

\_\_\_ 10.1 I attest under penalty of perjury that I am applying for employment in good faith with the intention of accepting a position, if offered. I also affirm, that the information contained in this application is true, complete, and accurate.

\_\_\_ 10.2 I authorize investigation of all statements contained in this application form, if I am considered for employment. I also authorize previous employers, personal references named, or any other person to whom the Company may refer, to give any and all information regarding my employment or scholastic standing together with any information, personal or otherwise that may or may not be on their records. I further consent to the review of all publicly-posted material on otherwise, that may or may not be on their records. I further consent to the review of all publicly-posted material on social media sites and agree that such material may be considered in deciding whether to offer employment.

\_\_\_ 10.3 I understand that misrepresentation or omission of any facts called for herein, receipt of unsatisfactory references, or failure to pass a drug test, will be sufficient cause for disqualification from employment or for my dismissal from the Company's service, if I have been employed.

\_\_\_ 10.4 I agree that, if I am hired, at no time during my employment shall I engage in any conduct that is in direct conflict with the enterprise-related interests of my employer.

\_\_\_ 10.5 I understand and agree that nothing contained in this application or conveyed during any interview which may be granted, or during my employment if hired, is intended to create an employment contract between me and the Company. In addition, **I understand and agree that if hired, my employment will be "at-will," for no definite or determinable period of time, and may be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the Company or me.** I understand and agree that no promises or representation contrary to this "at-will" condition are binding on the Company, and that I have not relied, and will not rely, on any oral or written statements to the extent that such might even suggest that my status is anything other than "at-will." I further understand and agree that my "at-will" status cannot be changed except by a written document specifically addressing my individual "at-will" status, and signed by both me and a specifically authorized officer of the Company. I agree that it is my responsibility to confirm the authorization of any person signing such a document, since I understand the Company's intent is not to enter into any employment arrangements other than "at-will."

\_\_\_ 10.6 I have received the attached "Applicant Arbitration Agreement" and the terms of that document are incorporated by this reference into my application for employment. I acknowledge that the Company has instructed me to review that document and contact them to discuss any questions I may have about it before signing it. Regardless of whether or not I review and/or sign that document, I understand and agree that, by applying for employment with the Company, I am agreeing to be bound by the process set forth in that document, specifically, **I agree that all possible disputes I may have with the Company will be resolved only through arbitration.**

\_\_\_ 10.7 I understand and agree that this is the entire agreement between me and the Company regarding the term of my employment and replaces any other oral or written agreement or understanding. I further agree that all of this agreement is a part of any employment relationship I may have with the Company and is hereby merged and integrated into any agreement or understanding regarding my employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# 11 Arbitration

## APPLICANT ARBITRATION AGREEMENT

I acknowledge and understand that San Luis Ambulance Service (the "Company") has a Dispute Resolution Program that requires all disputes to be resolved through its Mutual Arbitration Policy ("MAP"). This requires mandatory, binding arbitration of all disputes, for all employees, regardless of length of service.

The MAP is incorporated by this reference into my application as though set forth here in full. By signing below, I am acknowledging that a copy of the full MAP will be made available to me by the Company upon request. I further understand that agreement that compliance with the MAP is a condition of my application for employment and, if employed, will be a condition of my employment.

By applying for a job with the Company, I acknowledge, understand and agree that it is my obligation to comply with the MAP and to submit to final and binding arbitration, any and all claims and disputes, whether they exist now or arise in the future, that in any way relate to or arise out of my application for employment, and if employed, my employment or the termination of my employment with the Company, except as otherwise permitted by the MAP.

I understand that final and binding arbitration will be the sole and exclusive remedy for any such claim or dispute against the Company or any affiliated companies or entities, and all of their owners, employees, officers, directors, agents, successors and assigns. I further understand that, by agreeing to use arbitration to resolve any and all disputes, both the Company and I agree to forego any right we each may have had to a jury trial on issues covered by the MAP, and forego any right to bring claims on a class or collective basis.

To the extent I wish to assert claims on behalf of a government entity or other party (meaning I am not directly a party) and such representative action involves issues that in any way arise out of or relate to my application for employment and, if hired, my employment, I agree to submit such claims to arbitration under the MAP. This would include, but not be limited to claims brought pursuant to the California's Private Attorney General Act ("PAGA") Labor Code §2698, *et seq.*, or any similar state or federal law, unless resolving such claims through arbitration is specifically prohibited by law. If resolving such claims through arbitration is deemed to be so prohibited, such claims shall be stayed pending the completion of arbitration of any and all other claims being asserted by me or the Company.

I agree that any arbitration will be conducted before an arbitrator chosen by me and the Company in accordance with the Employment Arbitration Rules and Mediation Procedures of the American Arbitration Association ("AAA"). I also agree that the arbitration will be conducted under the Federal Arbitration Act and the applicable procedural rules of the AAA, which are available for my review at [www.adr.org](http://www.adr.org) and upon request to the Company.

I acknowledge that in exchange for my agreement to mediate and arbitrate, the Company also agrees to submit all claims and disputes it may have with me to final and binding arbitration. The Company agrees that my maximum out-of-pocket expenses for the arbitrator and AAA administrative costs will be limited to an amount equal to the local civil court filing fee and the Company will pay all of the remaining fees and administrative costs of the arbitrator and the AAA. I understand that I will be responsible, however, for my own attorneys fees and costs to the same extent as would have been my responsibility had I gone to court instead of resolving any disputes under the MAP.

If any provision of the MAP is found unenforceable, that provision may be severed without affecting this agreement to arbitrate. I further acknowledge that this mutual obligation to arbitrate may not be modified or rescinded except by the mutual consent of both me and the Company, except for changes that may be required in order for the MAP to comply with the law.

\_\_\_\_\_  
Name of Applicant (printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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## **12** General Information and Facts

**Instructions (Please Read):** By initialing each paragraph, I am indicating that I have fully read and understand the paragraph, By signing below, I am agreeing to all the following:

**READ & INITIAL**

- 12.1 I am aware that ambulance employees are subject to heavy lifting, often under adverse conditions.
- 12.2 I am aware that ambulance employees are often subject to working twenty-four (24) consecutive hours.
- 12.3 I am aware that ambulance employees are often subject to transporting persons with contagious illnesses and/or diseases.
- 12.4 Due to the nature of the ambulance services business, employees are often scheduled to work holidays such as Thanksgiving, Christmas and New Year's Day.
- 12.5 From time to time, it may be necessary for an employee to work unscheduled overtime. Therefore, in accepting employment with San Luis Ambulance, all employees assume an obligation to work, not only regular assignments, but also overtime assignments whenever it may become necessary.
- 12.6 I agree that when requested by the management of San Luis Ambulance, I will submit to a search of my person or of any locker, that may be assigned to me, and I hereby waive all claims for any damages on account of such examination.
- 12.7 I am aware that San Luis Ambulance will require me to take an EMT-B or EMT-P written and physical agility test prior to consideration for employment.
- 12.8 All job applicants applying for employment with SLA, must pass a pre-employment drug screening. All offers of employment are conditioned upon successfully completing this testing procedure. SLA will pay for this screening.
- 12.9 It is my understanding, that if employed, such employment is for an indefinite period of time. San Luis Ambulance can change wages, benefits and employment conditions, at any time.
- 12.10 It is my understanding that although San Luis Ambulance makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or work schedule other than Monday through Friday. I understand and accept these as conditions of my employment.
- 12.11 It is my understanding that I must submit to San Luis Ambulance photocopies of my Ambulance Driver Certificate, CPR card, Medical Examiner's Certificate, EMT card, Paramedic License, Department of Motor Vehicle's driving record and any other licenses, permits or certificates of training that I may hold. It is a condition of employment to maintain all certifications and licenses.

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Applicant's Signature

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Date

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## **13** California Highway Patrol and Ambulance Driver's License

### 1106 Regulation

(B) Owner's Responsibility: Every owner, operator, director or employee of an ambulance service shall comply with all provisions of this article and shall be responsible for prohibiting any person in the employ of such service from:

- (1) Driving an ambulance when not thoroughly familiar with the provisions of services 21055, 21056, 21806, 21807, and 23103 of the California vehicle code.
- (2) Acting at any time in the capacity of an ambulance attendant when such person:
  - (A) Is required to register as a sex offender under the provision of Section 290 of the California Penal Code.
  - (B) Habitually or excessively uses or is addicted to the use of narcotics or dangerous drugs, or has been convicted of any offense relating to the use, sale, possession, or transportation of narcotics, habit-forming or dangerous drugs.
  - (C) Continuously or excessively uses intoxicating beverages.



(D) Has been convicted of any offense punishable as a felony or has been convicted of theft in either degree during the preceding ten-year period.

(E) Has committed any act involving moral turpitude.

(F) Does not comply with the ambulance attendant qualification requirements in section 1101.2 of this article.

**Instructions (Please Read):** By initialing each paragraph, I am indicating that I have fully read and understand the paragraph, by signing below, I am agreeing to all of the following:

**READ & INITIAL**

\_\_\_ 13.1 I am not required to register as a sex offender

\_\_\_ 13.2 I do not habitually or excessively use or am I addicted to the use of narcotics or dangerous drugs, or have ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics, or dangerous drugs.

\_\_\_ 13.3 I do not continuously or excessively use intoxicating beverages.

\_\_\_ 13.4 I have never been convicted of any offense punishable as a felony or have I ever been convicted of theft in either degree.

\_\_\_ 13.5 I have never committed any act involving moral turpitude.

As an applicant for a position on the ambulance, I realize physical agility and strength are of prime importance for the desired position. Therefore, I shall not hold San Luis Ambulance, its officers, employees and/or agents responsible for any injury sustained directly or indirectly by attempting to qualify for said employment.

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Applicant's Signature

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Date

# VOLUNTARY DISCLOSURE INFORMATION

Applicants and employees will be provided Equal Employment Opportunities to all qualified persons, in all aspects of employment, without regard to race, color, religion, gender identity, pregnancy, sex, national origin, ancestry, citizenship, sexual orientation, marital or veteran status, physical or mental disability, medical condition, age, genetics or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with governmental regulations, including Affirmative Action responsibilities, where they apply.

The purpose for this information is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Voluntary Disclosure Information, is optional. If you chose to volunteer the requested information, please understand this information is kept separate from your employment application and in a confidential file.

YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA,  
WILL NOT AFFECT ANY EMPLOYMENT DECISION

# VOLUNTARY DISCLOSURE INFORMATION

The Equal Employment Opportunity Commission (EEOC) requires organizations, with 100 or more employees, to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records, and only accessed by the Human Resources department.

Name: \_\_\_\_\_

Job Title Applying For: \_\_\_\_\_ Date completed: \_\_\_\_\_

Referral Source (check one):

- Walk in    Indeed    Craigslist    College Placement    Employee Referral  
 Other \_\_\_\_\_

GENDER (Please check one of the options below):    Male    Female

VETERAN    Yes    No

RACE/ETHNICITY (Please check one of the descriptions below corresponding to the ethnic group with which you identify.):

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Thank you for your participation.