

DEMOGRAPHIC INFORMATION

Please check the applicable responses:

1. U.S. CITIZEN: Yes No
2. Application Date (*DD MMM YYYY*) _____
3. Age _____
4. Sex Male Female
5. Race / Ethnic Group
 1 = African-American (not of Hispanic origin)
 2 = American Indian or Alaskan Native
 3 = Asian American or Pacific Islander
 4 = Hispanic
 5 = Caucasian (not of Hispanic origin)
 6 = Other

PRIVACY ACT STATEMENT

This information is requested under authority contained in 5 U.S.C. 301 and related departmental regulations. The principal purpose for obtaining this information is to permit a demographic characterization of all applicants applying for Naval Medical Department education and training.

The information will be used to provide a base from which to assess affirmative action initiatives and equal opportunity programs within the Naval Medical Department. Disclosure of this information is voluntary. Failure to disclose the requested information will not result in adverse consequences.

PRINTED NAME

DATE (*DD MMM YYYY*)

SIGNATURE