

**CITY OF OVIEDO
FIRE RESCUE
APPLICATION INSTRUCTIONS**
www.cityofoviedo.net

City of Oviedo Fire Rescue employment application requires:

1. Printing or typing of the application
2. Completion of all portions of the application
3. Copies of the following documents **must** be attached to the back of the application:
 - *Personal Resume
 - *Certificate of Compliance or Tenure
 - *State of Florida EMT and/or Paramedic License
 - *Valid Driver's License (Must obtain Florida Driver's License within 30 days of Employment)
 - * GED or High School Diploma
 - *College degree (if applicable)
 - *Current Health Care Provider BLS Certificate (Source C) - both sides
 - *Three letters of personal recommendation (not from prior employers or relatives)
 - *Application for Veterans Preference & DD214 (only applicable if claiming Veterans Preference)

Physical Ability Information Sheet and Layout

These documents describe the skills required to complete the Physical Ability Assessment.

Physical Demands of Firefighter Practical Assessment

This document must be received by the City of Oviedo at the same time the employment application is turned in. This document must be completed by a licensed physician.

EMS skills assessment information sheet/City of Oviedo Fire Rescue abbreviated EMS report.

These sheets describe the skills necessary to complete the EMS Skills. Assessment and the documentation necessary for the scenario.

Documents Enclosed:

City of Oviedo Fire Rescue Employment Application
EEO Survey
Physical Ability Waiver of Responsibility
Physical Ability Information Sheet
Physical Ability Layout
Physical Ability Medical Certification (not required until physical abilities test)
EMS Assessment Information Sheet
City of Oviedo Fire Rescue Abbreviated EMS Report

CITY OF OVIEDO

EMPLOYMENT APPLICATION

OVIEDO FIRE/RESCUE

OVIEDO, FLORIDA

SIGNIFICANT JOB REQUIREMENTS

As a firefighter/Paramedic, Firefighter/EMT, or Division Chief, you will be required to work any hour of the day, and day of the week, and any recognized holiday. You will be required to work in any area of the City. You will be required to maintain proficiency in the use of Medical and Fire Equipment. You will be required to work with and for persons of differing race, sex, religious affiliation, age group and physical handicap.

EQUAL OPPURTUNITY EMPLOYER

The City of Oviedo is an Equal opportunity Employer and recognizes the American Disabilities Act.

Selectees will be examined to determine whether there is any physical reason why the selectee cannot perform the essential function for the position for which he/she has been selected as specified by the City of Oviedo. Physical disabilities identified by the examination which prevent the selectee from performing the essential functions of the position will be reported to the City of Oviedo upon appropriate waiver of medical confidentiality, so the City of Oviedo may determine whether the selectee may be reasonably accommodated.

Any applicant who is found to be not truthful during the hiring process will be excluded from the current and future consideration.

EMPLOYMENT APPLICATION

OUTLINE

I. CURRENT PERSONAL DATA

II. EDUCATIONAL BACKGROUND

III. RESIDENCES

IV. EMPLOYMENT RECORD

V. DRIVER'S LICENSE

VI. PERSONAL CHARACTER BACKGROUND

VII. MILITARY SERVICE

VIII. PREVIOUS FIRE DEPARTMENT APPLICATIONS

IX. REMARKS

X. RELEASE OF INFORMATION WAIVER (*)

XI. AUTHORIZATION LETTER (*)

ADDITIONAL FORMS AND INFORMATION

EQUAL EMPLOYMENT OPPURTUNITY SURVEY (Optional)

WAIVER OF RESPONSIBILITY (*)

MEDICAL CERTIFICATION (Requires Doctor's Signature)

PHYSICAL ABILITY ASSESSMENT INFORMATION

PHYSICAL ABILITY ASSESSMENT LAYOUT

EMS SKILLS ASSESSMENT INFORMATION

ABBREVIATED EMS REPORT

(*) SIGN ONLY IN FRONT OF A NOTARY PUBLIC

CITY OF OVIEDO
Oviedo/FIRE/RESCUE
EMPLOYMENT APPLICATION

Pursuant to Florida Statutes 119 and 286.001, the Public Records law and Sunshine Law, all documents made or received by the department in the course of processing your application are public record and shall be at all times open for inspection by the public.

Position Sought: Firefighter/EMT Firefighter/Paramedic
 Division Chief Other

If other, please specify:

I. CURRENT PERSONAL DATA

A. Name:

Last Name: First Name: Initial:

Have you ever gone by another name? Yes No

If yes, state name:

B. Residence Address:

Address:

City: State: Zip Code: County:

Mailing address if different from above: Not Applicable

Address:

City:: State: Zip Code: County:

C. Phone Numbers:

Residence Phone Number:

Other Phone Number:

D. E-Mail Address:

E. Are you fluent in any language other than English? Yes No

If yes, what languages?

F. Are you a U.S. citizen? Yes No

Date of citizenship:

II. EDUCATIONAL BACKGROUND

A. High School Name:

Address:

City: State: Zip Code: County:

Dates attended: From: To: Diploma: Yes No

B. College/University Name:

Address:

City: State: Zip Code: County:

Dates attended: From: To: Diploma/Degree: Yes No

Major field of study:

C. College/University Name:

Address:

City: State: Zip Code: County:

Dates attended: From: To: Diploma/Degree: Yes No

Major field of study:

D. College/University Name:

Address:

City: State: Zip Code: County:

Dates attended: From: To: Diploma/Degree: Yes No

Major field of study:

III. RESIDENCES

List chronologically your last three residence, beginning with current residence first:

A. From: To:

Address:

City: State: Zip Code: County:

B. From: To:

Address:

City: State: Zip Code: County:

C. From: To:

Address:

City: State: Zip Code: County:

IV. EMPLOYMENT RECORD

Complete employment record including school periods and period of unemployment.

A. PRESENT EMPLOYER OR SCHOOL CURRENTLY ATTENDING

Name:

Address:

City: State: Zip Code: County:

Date of employment/unemployment: From: To:

Exact title/position/major:

Name of immediate supervisor/instructor:

May we contact? Yes No Phone Number:

Reason for leaving:

Description of duties, responsibilities, course and accomplishments:

Disciplinary Action Received:

Type and number of employees supervised:

IV. EMPLOMENT RECORD (cont.)

Complete employment record including school periods and periods of unemployment.
(Copy page as necessary in order for complete history.)

B. PREVIOUS EMPLOYER

Name:

Address:

City: State: Zip Code: County:

Date of employment/unemployment: From: To:

Exact title/position/major:

Name of immediate supervisor/instructor:

May we contact? Yes No Phone Number:

Reason for leaving:

Description of duties, responsibilities, course and accomplishments:

Disciplinary Action Received:

Type and number of employees supervised:

IV. EMPLOMENT RECORD (cont.)

Complete employment record including school periods and periods of unemployment.
(Copy page as necessary in order for complete history.)

C. PREVIOUS EMPLOYER

Name:

Address:

City: State: Zip Code: County:

Date of employment/unemployment: From: To:

Exact title/position/major:

Name of immediate supervisor/instructor:

May we contact? Yes No Phone Number:

Reason for leaving:

Description of duties, responsibilities, course and accomplishments:

Disciplinary Action Received:

Type and number of employees supervised:

IV. EMPLOMENT RECORD (cont.)

Complete employment record including school periods and periods of unemployment.
(Copy page as necessary in order for complete history.)

D. PREVIOUS EMPLOYER

Name:

Address:

City: State: Zip Code: County:

Date of employment/unemployment: From: To:

Exact title/position/major:

Name of immediate supervisor/instructor:

May we contact? Yes No Phone Number:

Reason for leaving:

Description of duties, responsibilities, course and accomplishments:

Disciplinary Action Received:

Type and number of employees supervised:

V. DRIVER'S LICENSE

A. Present driver's license:

State: Number:

Type of license held:

B. Any other driver's licenses which you have possessed in the past:

State: Number:

State: Number:

C. Have you ever had a driver's license and/or professional or non-professional license, certificate or privilege revoked or suspended including out-of-state licenses under any State, Federal or other law?

Yes No

If yes, explain in detail.

D. List all traffic summons, citations, or tickets received for the past seven years, including out-of-state (not parking tickets):

DATE	LOCATION	VIOLATION TYPE	PENALTY/DISPOSITION

E. List all automobile accidents in which you have been involved in the past five years:

DATE	LOCATION	TYPE OF INJURY	PENALTY/DISPOSITION

VI. PERSONAL CHARACTER BACKGROUND

A. Have you ever declared bankruptcy? Yes No

If yes, explain in detail.

B. Have you ever been refused a surety bond (i.e. contractor, security guard or entrepreneurship), or turned down for employment that required bonding? Yes No

If yes, explain in detail.

C. Have you ever been convicted of a crime? Yes No

(a conviction will be considered only as it relates to fitness to perform the job being sought)

If yes, explain in detail.

D. Are you currently on probation following a criminal conviction? Yes No

If yes, explain in detail.

E. Have you ever been found guilty or pled no contest to a crime (felony or misdemeanor) including arrestable traffic offenses (driving while intoxicated, reckless driving, driving with a suspended driver's license, etc.) For purposes of this section and/or question, a plea of guilty or no contest after July 1, 1981 shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended. Yes No

If yes, explain in detail.

F. Do you have any pending felony or misdemeanor charges? Yes No

If yes, explain in detail, including dates and locations.

VI. PERSONAL CHARACTER BACKGROUND (cont.)

G. Have you ever stolen any real or other property from your employer? Yes No

If yes, explain in detail.

H. Skills and Equipment: List skills you possess or equipment you can use. Describe your level of proficiency or experience in its use. (Examples: typing, shorthand, stenomask, shortwave radio, transcriber, firearms, photography, explosives, scientific or professional devices). If additional space is needed, place on additional forms and Click Here

Explain here.

I. Have you ever had a State or County Emergency Medical Technician, Paramedic or Firefighter certification suspended, revoked or terminated? Yes No

If yes, explain in detail.

J. Interest: List your current professional memberships. Provide name or organization, address, professional activity (what the organization does), any office you hold or held. Exclude organizations if the name or character of indicates race, creed, color, religion or national origin of its members. If additional space is needed, place on additional forms and Click Here

Explain here.

K. List all current certifications you possess. If additional space is needed, place on additional forms and Click Here

Explain here.

VI. PERSONAL CHARACTER BACKGROUND (cont.)

L. Have you ever been involuntarily terminated from employment or asked to resign? Yes No

If yes, explain in detail.

M. Have you ever worked for the City of Oviedo? Yes No

If yes, list dates.

N. Does the City of Oviedo employ any relative (by blood or marriage) or cohabitant of yours?

Yes No

If yes, state name or relative and for which department they work.

O. Have you possessed, used or tried drugs within the last three years (including but not limited to marijuana, ecstasy, steroids, speed, cocaine, heroin, LSD, etc.)?

If yes, list frequency of use for each drug used, and the first and last time each drug was used. Please indicate month/year for each drug used. Yes No

Explain here.

P. Have you sold drugs within the last four year (including but not limited to marijuana, ecstasy, steroids, speed, cocaine, heroin, LSD, etc.)? Yes No

If yes, please indicate month/year for each occasion sold.

Q. Have you used, possessed, or sold any type of controlled substance after becoming a certified firefighter or while employed as a sworn firefighter? Yes No

If yes, list frequency of use for each drug used. Please indicate month/year for each drug used.

R. Have you used any tobacco or tobacco products, including but not limited to cigarettes, cigars, or chewing tobacco within the last 12 months? Yes No

If yes, list frequency of use and the type of product used.

VII. MILITARY SERVICE

A. Have you served in the U.S. Armed Forces? Yes No

Type of discharge

Branch

Service No.

Dates of active military service

Entry Date

Separation

B. Are you presently a member of a U.S. Reserve or National or State Guard organization? Yes No

If yes, state GRADE AND SERVICE NUMBER

Organization and station or unit and location

Active Inactive

C. Have you ever been a defendant in a court martial, Office Hours, Captain's Mast or Article 15, Uniform Code of Military Justice (UCMJ)? Yes No

D. Have you ever been denied or had a security clearance revoked? Yes No

E. Are you claiming Veterans' Preference? Yes No

***If yes, please visit the City's website, www.cityofviedo.net, to complete the Veterans Preference Application.*

VIII. PREVIOUS FIRE DEPARTMENT APPLICATIONS

A. Have you ever applied to the Oviedo Fire Department in the past? Yes No

If yes, state date

--

B. Have you ever applied to another Fire Department? Yes No

If yes, what agency(s)?

--

State	City	Federal	County	Location	Date
-------	------	---------	--------	----------	------

--

State	City	Federal	County	Location	Date
-------	------	---------	--------	----------	------

--

State	City	Federal	County	Location	Date
-------	------	---------	--------	----------	------

--

State	City	Federal	County	Location	Date
-------	------	---------	--------	----------	------

--

State	City	Federal	County	Location	Date
-------	------	---------	--------	----------	------

--

State	City	Federal	County	Location	Date
-------	------	---------	--------	----------	------

--

State	City	Federal	County	Location	Date
-------	------	---------	--------	----------	------

--

State	City	Federal	County	Location	Date
-------	------	---------	--------	----------	------

--

State	City	Federal	County	Location	Date
-------	------	---------	--------	----------	------

--

State	City	Federal	County	Location	Date
-------	------	---------	--------	----------	------

IX. REMARKS

Write anything you want the Selection Committee to know (i.e: you may wish to write about your career plans.)

X. RELEASE OF INFORMATION WAIVER

I, the undersigned applicant, do hereby authorize the enclosed addressee to release all requested information, whether recorded or unrecorded, to the Oviedo Fire Department. I hereby agree and promise to indemnify and save harmless the addressee, its officers, agents, servants or employees from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions and costs of actions, including attorney's fees of any kind and nature arising or growing out of or in any way connected with the disclosure of the requested information.

I have read and understand the above

Signature of Applicant

Printed or Typed Name of Applicant and Date

STATE OF _____ COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My commission expires on _____, 20_____. Personally known _____-or-

Produced identification _____ Notary Public: _____

Type of identification produced: _____

XI. AUTHORIZATION LETTER

MUST BE SIGNED IN THE PRESENCE OF A NOTARY (Initial before each paragraph.)

_____ I agree to submit to the Department's selection process which I must successfully complete before being finally accepted for employment. I also agree that in the event I am employed by the Department, I will submit to a physical examination when requested by the Department.

_____ I authorize my former employers, educational institutions and the individuals to give information concerning me, whether or not it is on their records and I release them and their companies from any liability whatsoever. I certify that all statements given on this application are true and correct, and realize that falsification or misrepresentation on this or any other personnel record may result in my not being employed or if employed in my discharge.

_____ In the event of employment, I agree to abide by all present and subsequently issued rules of the Department.

_____ Also, in the event of employment, and in consideration thereof, the Department and any person or concern it may authorize shall be entitled without further consent, to use in any manner, any picture or photograph of me or recording of my voice.

_____ The Department is authorized to request a transcript where necessary to verify my education record. I agree to being fingerprinted and having my record checked through the FBI or other law enforcement agency.

_____ I agree to maintain/obtain my State of Florida certification as a Firefighter while employed with the City of Oviedo.

_____ I have read and understand the above.

Signature _____

Date _____

State of _____

County of _____

Printed or typed name of applicant _____

Personally appeared before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements, known to me to be the person described in and who executed the foregoing application for employment as his/her act and deed. Witness my hand and official seal, this _____ day of _____, 20____.

Notary Public

Commission Expires

WAIVER OF RESPONSIBILITY
CITY OF OVIEDO FIRE RESCUE
INJURIES RESULTING FROM PHYSICAL ABILITY TESTING

Applicant Name _____

Social Security Number _____

I, the undersigned applicant, do hereby agree that the City of Oviedo, Oviedo Fire/Rescue, their employees, agents, and all others involved in the entrance level physical ability testing procedures are released from claims of liability, and will in no way be held accountable for any injury or physical malfunction which shall occur during, or as a result of, an entrance level physical ability test. I fully understand that the successful completion of this test is required before being considered for employment.

Signature of Applicant

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ (date) by
_____, who is personally know to me or has produced
_____ as identification and did/did not take an oath.

Notary Public

**CITY OF OVIEDO FIRE RESCUE
MEDICAL CERTIFICATION
PHYSICAL DEMANDS OF FIREFIGHTER PRACTICAL ASSESSMENT**

The hiring process for the City of Oviedo will include a practical skills assessment. It is required that you have this form reviewed and signed by your doctor prior to taking the practical skills assessment. The purpose of the Medical Certification is to ensure that you are capable of participating in the assessment without placing yourself in undue risk of injury or death. Utilize your own private doctor for this certification. No information regarding your medical condition(s) is being requested. Do not provide any attachments or information regarding your medical condition(s).

Persons with disabilities needing a reasonable accommodation to participate in the assessment must contact the City of Oviedo Fire Rescue Department at 407-971-5611 at least one week prior to the test date in order to make any necessary arrangements.

The Practical Skills Assessment consists of the following physical demands that must be completed within a **seven (7) minute** time limit.

Practical Assessment Tasks:

1. Wearing full protective clothing and SCBA, carry a 2 ½" self locking donut roll up a 24 ft extension ladder, touching the top rung with one hand, and then descend the ladder.
2. Keiser Force Machine: The applicant straddles the track, standing on diamond plate tread walk rails 9" from the ground, and with the aid of a 30" 9 pound shot mallet, drives the sled the distance of the track. In the starting position, the end of the beam is flush with the outside end or edge of the pan. Driven end to end, the total distance is five feet.
3. Roll out one section of 2 ½" hose and reroll the hose in a neat manner.
4. Advance a charged 1 ½" hose line 100 ft.
5. Drag or carry a 175 pound victim a distance of 100 ft.

Items Worn Throughout the Assessment:

Bunker gear with helmet, coat, pants, gloves, boots and MSA protective breathing apparatus.

Items Used During the Assessment:

100 ft section of 1 ½" hose (wet) 9 Pound Shot Mallet
50 ft section of 2 ½" hose (dry) 2 ½" Self locking donut roll
Keiser Force Machine 24' Extension ladder
Rescue mannequin weighing approx. 175 lbs

Medical Certificate:

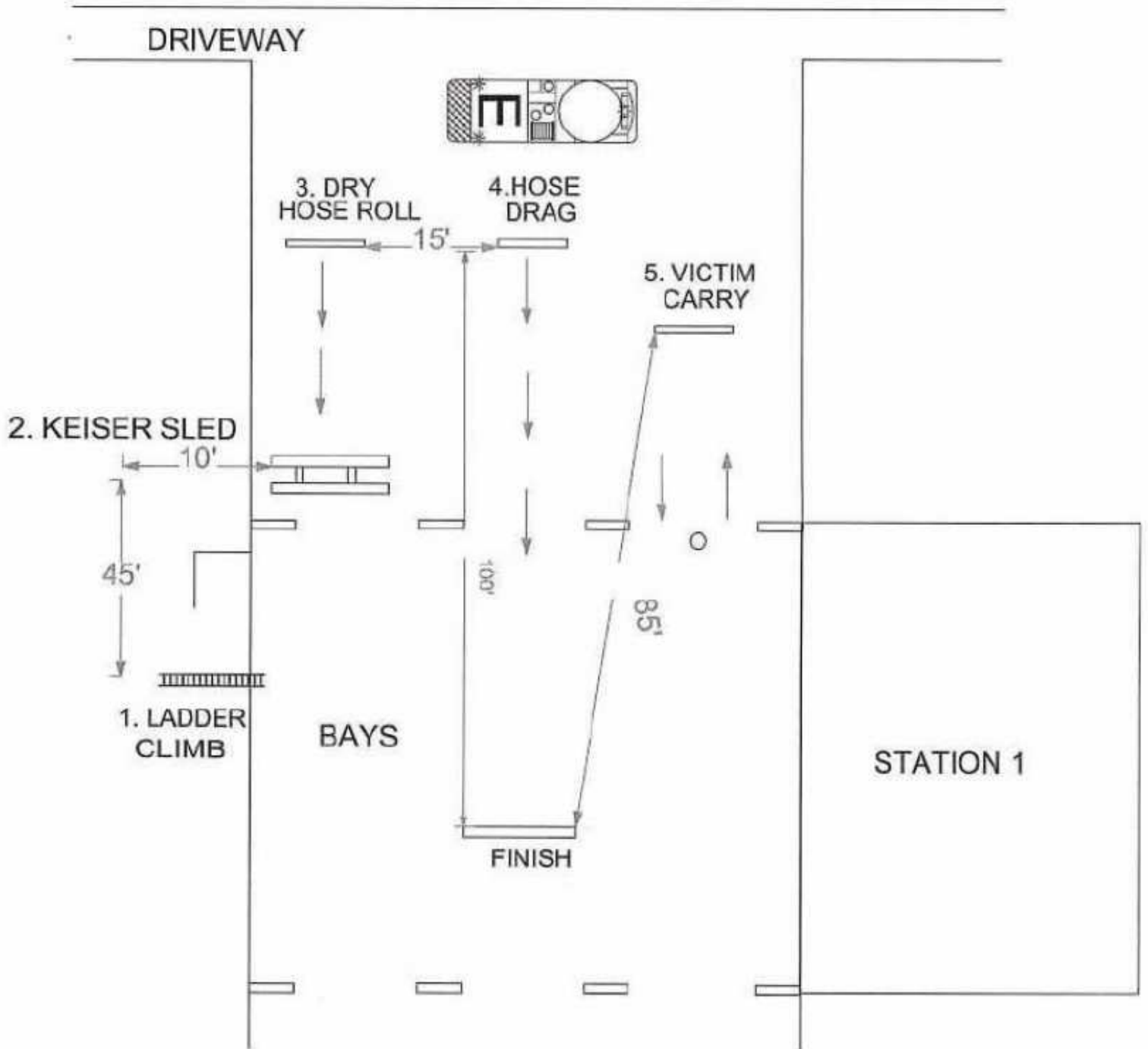
After review of the physical demands of the Firefighter Practical Skills Assessment and examination of the candidate, _____, I hereby certify that this individual is fully capable of participating in this process without undue risk of injury or death:

Date Doctor's Name (printed or typed)

Doctor's Signature

Date

PHYSICAL ABILITY ASSESSMENT LAYOUT



**CITY OF OVIEDO
EMS SKILLS ASSESSMENT
INFORMATION**

Each applicant will be required to perform a patient assessment (medical or trauma) according to the new EMT DOT Curriculum. This will be scenario based.

Upon completion of the scenario, each applicant will be required to complete the City of Oviedo Fire Department Abbreviated EMS Report with the information from the scenario.

Incident	RUN#: _____	DATE: _____	UNIT#: _____	<input type="checkbox"/> 5902 CFD	<input type="checkbox"/> 5907 SCFD	<input type="checkbox"/> 4806 MFD
	INCIDENT LOCATION: _____			<input type="checkbox"/> 5903 LFD	<input type="checkbox"/> 5908 WSFD	<input type="checkbox"/> 4814 WPFD
				<input type="checkbox"/> 5904 OFD	<input type="checkbox"/> 5909 LMFD	
				<input type="checkbox"/> 5905 SFD		

Patient Info	First Name: _____	Last Name: _____	DOB: _____	Age: _____	M	F
	Pt.Address: _____	Phone:() _____		Weight: _____	Lbs.	Kgs.
	City: _____	State: <input type="checkbox"/> FL		Zip: _____		
	Patient Physician: _____			Social Security #: _____		

Patient History	CHIEF COMPLAINT:					
	Allergies: _____					
	Medications: _____					
	LIST DOSE AND FREQUENCY TAKEN IF QTY LESS THAN 5; IF MORE THAN 5, TAKE TO ED					
	Past Med Hx: <input type="checkbox"/> HTN <input type="checkbox"/> Cardiac <input type="checkbox"/> Angina <input type="checkbox"/> MI <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> Diabetic <input type="checkbox"/> CVA <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> PSYCH <input type="checkbox"/> CA <input type="checkbox"/> Denies					

Assessment	Time	HR	Resp	B/P	SaO2	ETCO2	Glucose	GCS/ AVPU	TEMP	Pupils

Treatment	Time	Treatment	BLS	ALS1	ALS2	Dose	Route	BY

Patient Authorization	<p>I understand that I am financially responsible for the services provided to me by <u>this</u> transport agency regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to <u>this</u> transport agency. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to <u>this</u> transport agency and its billing agents and any other payers or insurers, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by <u>this</u> transport agency, now or in the future. I agree to immediately remit to <u>this</u> transport agency any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to <u>this</u> transport agency.</p> <p>I also acknowledge that I have received a copy of <u>this</u> transport agency's Notice of Privacy Practices. A copy of this form is as valid as the original.</p>	
	Signature: _____	Relation: _____ <input type="checkbox"/> Self <input type="checkbox"/> Paramedic/EMT
	Patient unable to sign due to: <input type="checkbox"/> Unresponsive <input type="checkbox"/> Immobilized <input type="checkbox"/> Restrained <input type="checkbox"/> Physically unable <input type="checkbox"/> Other:	

Evaluation/Treatment & AMA Refusal Form

- Emergency Medical Condition**
Severe pain *Patient may refuse care*
Active Labor
Possible loss of bodily function
Potential for loss of limb
Potential for loss of life

No Emergency Medical Condition

Incapacitated Person:

Patient has an Emergency Medical Condition that a reasonable person would seek further medical evaluation, and is incapacitated by:

- Medical Condition
- Trauma
- Substance Intake
- Psychiatric Condition

Transport patient under Incapacitated Persons guidelines using reasonable force

AMA Refusal Considerations:

Does the patient with an Emergency Medical Condition verbalize an understanding of the severity of the condition including the risk of death or disability, and patient is not incapacitated. (test of a reasonable patient)

- Yes (patient may refuse Against Medical Advice [AMA] and sign refusal section below)
- No (transport patient under Incapacitated Persons guidelines using reasonable force)
- Call 911 if medical condition worsens

If possible, attempt to leave competent refusing patients with a competent adult or encourage patient in contacting such a person (not a requirement if patient is competent to make decisions on own and understands risks).

The patient or guardian listed below:

- Have been informed of possible reasons they should be transported to a hospital for further medical care
- Have been informed of the probable evaluation and treatment that will/may occur at the hospital
- Have been informed of the potential harmful consequences and/or complications that may result from refusal of treatment

As a competent adult, I state by my signature below, that I fully understand all of the above and am capable of rational decisions on behalf of myself, or those persons for whom I serve as guardian. I release this transport agency and its personnel from any and all liability related to, or resulting from, my refusal of services.

I also acknowledge that I have received a copy of this transport agency's Notice of Privacy Practices. A copy of this form is as valid at the original.

Signature of Patient _____
This patient refusing AMA

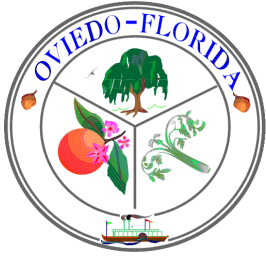
Print Patient's Name _____

Witness _____ Witness Signature _____
(print)

Witness _____ Witness Signature _____
(print)

This page is left blank intentionally for formatting purposes.

Please continue to next page.



CITY OF OVIEDO

EQUAL EMPLOYMENT OPPORTUNITY SURVEY FOR THE POSITION OF

(Please fill in the position for which you are applying)

Name:

The following information is requested for Equal Employment Opportunity record keeping and reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Section 709c.

THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION AND IS VOLUNTARY.

SEX: (Check One) Male Female

NATIONAL ORIGIN: (Check One)

CAUCASIAN (not of Hispanic origin)

BLACK (not of Hispanic origin)

HISPANIC

AMERICAN INDIAN OR ALASKAN NATIVE

ASIAN OR PACIFIC ISLANDER

OTHER (please specify) _____