

Affirmative Action – Voluntary Information

Completion of information below is voluntary

We consider all applicants without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form is to be completed by the applicant on a voluntary basis and not for interview purposes, and is filed separately from the application. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Position applied for _____ Date ____/____/____

REFERRAL SOURCE (please circle):

Walk-in _____ Government Employment Agency _____ Private Employment Agency _____
Employee _____ Relative _____ School _____
Advertisement (Source): _____ Other: _____

Name of person who referred you (if applicable) _____

APPLICANT INFORMATION:

Name _____ Telephone # (____) _____ Male / Female
Last First Middle

Address _____
Street City State Zip Code

Please circle one of the following Equal Opportunity Identification Groups:

American Indian/Alaskan Native _____ Hispanic/Latino (White race only) _____ Black/African American _____
Native Hawaiian/Other Pacific Islander _____ Hispanic/Latino (all other races) _____ Asian _____ White _____

FOR ADMINISTRATIVE USE ONLY:

Position Applied for: Available _____ Not Available _____ Other _____

Other positions considered for: _____

Hired? Yes _____ No _____

Position hired for: _____ Date of Hire: ____/____/____

From the EEO job classifications listed below, which one best describes the position filled (circle one)?

Officials and Managers _____ Sales Workers _____ Operatives (semi-skilled) _____
Professionals _____ Office and Clerical Workers _____ Laborers (unskilled) _____
Technicians _____ Craft Workers (skilled) _____ Service Workers _____

Notes: _____

Completed by: _____ Date: ____/____/____