

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

DATE: _____

POSITION(S) APPLIED FOR: _____

REFERRAL SOURCE:

___ ADVERTISEMENT ___ EMPLOYEE ___ RELATIVE ___ WALK-IN ___ SCHOOL

___ GOVERNMENT EMPLOYMENT AGENCY ___ PRIVATE EMPLOYMENT AGENCY ___ OTHER

NAME SOURCE (IF APPLICABLE): _____

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

As required, we comply with requirements regarding government record keeping, reporting and other legal obligations. We ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is **not** part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE: ___ MALE ___ FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP:

___ HISPANIC ___ AFRICAN AMERICAN ___ WHITE

___ AMERICAN INDIAN/ALASKAN NATIVE ___ ASIAN/PACIFIC ISLANDER

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

___ VIETNAM ERA VETERAN ___ DISABLED VETERAN

___ HANDICAPPED INDIVIDUAL