

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, and presence of a non job-related medical condition or handicap, or any legally protected status.

Date: _____ Position(s) Applied For: _____

REFERRAL SOURCE:

- Advertisement Employee Relative Walk-In School Government Employment Agency
 Private Employment Agency Other _____

Name of Source (if applicable): _____

Applicant's Name (optional): _____
Last First M.I.

Address: _____
Street City State Zip

Phone: () _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to 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 our survey is not a 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:

- Hispanic Black/African American White American Indian/Alaskan Native
 Asian/Pacific Islander Other (explain): _____

Check if any of the following are applicable:

- Vietnam Era Veteran Disabled Veteran Handicapped Individual

TO BE COMPLETED BY APPLICANT *NOT FOR INTERVIEW PURPOSES* TO BE FILED SEPARATELY FROM APPLICATION