

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 of Source (if applicable): _____

Applicant's Name (optional): _____ **Phone:** _____

Address: _____
Street City State Zip Code

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

In an effort to comply with requirements regarding government recordkeeping, 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:

Under 40 40 Or Over

Check one of the following race/ethnic groups:

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 SEPERATELY FROM APPLICATION