



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 class.

Date _____

Position(s) Applied For _____

Referral Source

- | | | |
|--|--|---|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative/Friend | <input type="checkbox"/> Website |
| <input type="checkbox"/> Job Service | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Special/Minority Recruitment Agency | <input type="checkbox"/> Other (Please Specify _____) |

Applicant's Last Name	First Name	M.I.	Telephone
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Street Address	City	State	Zip Code
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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 your 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

Ethnic group

- | | | |
|--|--|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian | |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Two or More Races | |

To be Completed by Applicant • Not for Interview Purposes • To be Filed Separately From Application

An Equal Opportunity Employer