

## 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