



Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan
 Asian/Pacific Islander
 Black/African American
 Hispanic/Latino
 White/Caucasian
 Other

Gender

- Female
 Male

Military Service

- Pre-Vietnam Era
 Vietnam Era
 Post-Vietnam Era
 Disabled Veteran

How did you hear about this position?

- Newspaper
 Company Employee
 Professional Publication
 Job Fair
 Placement Office
 Web Site
 Other _____