Applicant Data Record

Applicants are considered for position(s) applied for without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap or disability.

As employers, we comply with government regulations and affirmative action responsibilities.

Completion of this form is strictly VOLUNTARY. Your cooperation in providing this information will help us comply with government record keeping, reporting and other legal requirements - Thank you.

This data will be kept in a Confidential File separate from the Application for Employment.

(Please Print) Date: _____/_____/_____

Position Applied For: _____

Referral Source: ☐ Advertisement ☐ Walk-in ☐ Employment Agency ☐ Other

Name _____

Last First Middle

_____

Address Number Street City State Zip code

Telephone ( )

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnic, handicapped and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: ☐ Male ☐ Female

Check appropriate box:

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic

☐ American Indian/Alaskan Native

☐ Asian/Pacific Islander

Check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran

☐ Handicapped Individual

Print Form

Revised 3/2004