



## 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. Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

#### 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 \_\_\_\_\_