



## Equal Employment Opportunity Form

### Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

### 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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino         | <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> Other                  |

#### Gender

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

#### Military Service

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era  | <input type="checkbox"/> Vietnam Era      |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

#### How did you hear about this position?

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Newspaper   | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair    | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site                 |
| <input type="checkbox"/> Other _____ |   |   |