

AFFIRMATIVE ACTION DATA RECORD

Employees are treated during the hiring process and employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and *are not* a part of your Application for Employment or personnel file. Please note:

YOUR COOPERATION IS VOLUNTARY. Inclusion or exclusion of any data will not affect any employment decision.

| | | |
|---------------------|------------|------------------------|
| Last Name | First Name | M.I. |
| Address | Number | Street |
| | City | State |
| | Zip Code | |
| Telephone Number(s) | | Social Security Number |

| | |
|--|---|
| Current Job | |
| Birthdate | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Ethnic Origin | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native_ <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____ |
| Check If Any Of The Following Are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual | |
| Referred By | <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Other: _____ |

| | |
|---------------------------------|---------------|
| _____ Signature of Applicant | _____ Date |
|---------------------------------|---------------|

Office Use Only

| | |
|-----------------|--|
| Gender | |
| Race | |
| Disability | |
| Other | |
| Referral Source | |
| EEO1 Category | |
| Disposition | |

| | | | |
|-----------------------------------|--|------------|----------------|
| Positions(s) Applied for Is Open: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: | _____ |
| Positions(s) Considered For: | _____ | | |
| HIRE-Position: | _____ Yes _____ No | Start Date | ____/____/____ |