

## 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

#### Accommodations Needed:

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

Newspaper      Company Employee      Professional Publication  
 Job Fair      Placement Office      Web Site  
 Other \_\_\_\_\_