

EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

(PLEASE	PRINT)	Date:								
Position(s)	Applied For_									
Referral Sc	ources:	Advertisement Company Website	Friend Employme	Relative ent Agency	Walk-In Other					
Name	AST	FIRST	MIDDLE	Phone ()					
Address	UMBER	STREET	CITY	S	TATE	ZIP CODE				

This data is for periodic government reporting and will be kept in a Confidential File.

EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed:

Check One:

Male

Female

{Please Finish Survey on Back of Page}



EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino?

No, I am not Hispanic or Latino.

Yes, I am **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked "No, I am not Hispanic or Latino" in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American – A person having origins in any of the Black racial groups of Africa.

American Indian/Alaskan Native A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian– A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races – All persons who identify with more than one of the above five *races*.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

Veteran - As defined under one or more of the following:

- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
- was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
- who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
- one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

Date_

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:	□ Yes	🗌 No	
Position(s) Considered For:			



Employment Application

APPLICANT INFORMATION																	
Last Nam	e						F	First					M.I.		Date		
Street Ad	dress	S								Apartment/Unit #							
City								State				ZIP					
Phone								E-mail A	Address								
Date Avai	ilable					Social Se	curit	curity No. Des			sired S	ired Salary					
Position Applied for																	
Are you a	ı citize	en of	the U	nited Stat	es?	YES	NO		If no, are you authorized to wo			vork in	the U.S	.? Y	′ES	NO	
Have you	ever	work	ed fo	r this com	pany?	YES	NO	1	If so, when?								
Have you	ever	beer	i conv	icted of a	felony?	YES	NO	1	If yes, explain								
									1								
EDUCA	TION	l					1										
High Scho	loc						Ado	dress									
From			То		Did you g	graduate?	YES	5	NO	Degree							
College							Ado	dress									
From		To Did you graduate?		YES	5	NO Degree											
Other					Ado	dress											
From			To Did you graduate?		YES	S	NO Degree										
REFERE																	
Please list	t thre	e pro	ofessic	onal refere	ences.												
Full Name	e								Relatio	nship							
Company										Phone							
Address																	
Full Name	e								Relatio	nship							
Company									I	Phone							
Address																	
Full Name	Э	Relationship															
Company										hone							
Address																	



Employment Application

PREVIOUS EMPLOYMENT										
Company			Phone							
Address			Supervisor							
Job Title			\$	Ending Salary \$						
Responsibilities										
From	То	Reason for Leaving								
May we contact your previous supervisor for a reference? YES NO										
Company			Phone							
Address			Supervisor							
Job Title			\$	Ending Salary \$						
Responsibilities										
From	To Reason for Leaving									
May we contact your previous supervisor for a reference? YES NO										
Company			Phone							
Address			Supervisor							
Job Title			\$	Ending Salary \$						
Responsibilities										
From	То	Reason for Leaving								
May we contact your previous supervisor for a reference? YES NO										

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date