

Equal Employment Opportunity Form

	Last	First	М.І.
dress:			
	Street Address		Apartment/Unit #
	City	State	ZIP Code
ne Phone:	()	Social Security Number:	

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			
Gend	ler							
	Female		Male					
Milit	ary 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		Website			
	Other							