

Invitation to Identify for Affirmative Action Purposes

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

Applicant Name: _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE: Male Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- | | | |
|--|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino (All Races) |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Hispanic or Latino (White Race Only) |
| <input type="checkbox"/> American Indian or Alaskan Native | | <input type="checkbox"/> Hispanic or Latino (All Other Races) |

VETERAN STATUS: Veteran Not a Veteran

HOW WERE YOU REFERRED TO THIS JOB:

- | | |
|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> School/College |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> State Job Service |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Temporary Agency |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> Recruiter | <input type="checkbox"/> Other (Please Specify): _____ |