

# VOLUNTARY APPLICANT IDENTIFICATION

## AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Job Applied for or your specific skill area: \_\_\_\_\_

Federal law requires us to ask for this information. Please sign and return this form even if you do not answer.

Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethnic minorities, women, veterans of the Vietnam era, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or ethnicity are prohibited by law.

We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. This is NOT part of your application file, it is confidential\*, and will be used in conformance with the law.

1. GENDER: \_\_\_\_\_ Male \_\_\_\_\_ Female

2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b. if applicable)

a. Hispanic or Latino? ( ) Yes ( ) No

b. Racial Background - Non-Hispanic:

( ) American Indian/Alaska Native ( ) Asian, Asian American ( ) Black, African American

( ) Hawaiian/Pacific Islander ( ) White/Caucasian ( ) 2 or more races, non-Hispanic

3. VETERAN STATUS – Check all that apply:

( ) Eligible or Protected Veterans – Check here if you are a recently separated veteran, other protected veteran, or an Armed Forces service medal veteran. “Other protected veteran” means “veterans who have served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.”

( ) Disabled Veteran - (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

4. DISABILITY STATUS

( ) Disabled – If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment. It would also assist us if you would tell us about any special methods, skills or procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind. \_\_\_\_\_

Please Sign here: \_\_\_\_\_

Date \_\_\_\_\_

\* Supervisors and managers may be informed about restrictions on the work duties of persons with disabilities or on facts needed for accommodations, first aid or emergency treatment. Gov't officials may also review this.

### Employer Use Only:

EEO-4 Occup  
Category: \_\_\_\_\_

JOB  
GROUP CODE: \_\_\_\_\_

If current opening, Job Applied For: \_\_\_\_\_