APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

We comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT:

Position applied for: _____

Referral source:

☐ Advertisement ☐ Friend ☐ Relative

☐ Employment Agency ☐ Walk In ☐ Other _____

Your Name:_____Phone (_____)_____
Last First Middle Area Code

Address:

_____
Number Street City State Zip Code

CONFIDENTIAL INFORMATION
VOLUNTARY SURVEY

Various governmental agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely VOLUNTARY. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check One:

☐ Male ☐ Female

Check one of the following Race/Ethnic Groups:

☐ White ☐ Black or African American ☐ Hispanic or Latino

☐ Native American Indian/Alaskan Native ☐ Hawaian or other Pacific Islander ☐ Asian ☐ Two or more races