Equal Employment Opportunity Form

Applicant Information

Full Name: 

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
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</table>

Address:

<table>
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<tr>
<th>Street Address</th>
<th>Apartment/Unit #</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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</table>

Home Phone: ( )  
Social Security Number: 

Position Applied for: 

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

Gender

- Female
- Male

Military 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: 
