

Voluntary Applicant Survey Form An Equal Opportunity, Affirmative Action Employer

Last Name		First Name	Middle Initial(s)
Date	Posi	ition(s) for which you are applying	
Please read carefully:			
	government	we must monitor our equal employment opport agencies. Please help us gather this information form.	
Providing this information not be subject to any no		etely voluntary. If you choose not to provide so the rerse treatment.	ome or all of this information, you will
for no other purpose.*	When we red	used only to monitor our compliance with equeive this form, we will immediately place it in a nail this form to us in an envelope separate from	a confidential file separate from your
Race/Ethnicity – Selec	ct one or moi	re	
		Native: A person having origins in any of the America), and who maintains tribal affiliation	
_	cluding for e	gins in any of the original peoples of the Far Eaxample, Cambodia, China, India, Japan, Korea am.	
Black or Africa	an American:	A person having origins in any of the black ra	cial groups of Africa.
Hispanic or La culture or origi	_	on of Cuban, Mexican, Puerto Rican, South or of race.	Central American, or other Spanish
Native Hawaii Guam, Samoa,		acific Islander: A person having origins in any fic Islands.	of the original peoples of Hawaii,
White: A perso	on having orig	gins in any of the original people of Europe, the	Middle East, or North Africa.
Do not wish to	Answer		
Disability – Are you	a person wit	th a disability?	
Yes	No	Do not wish to answer	
Sex/Gender - Select	one		
Female	Male	Non-Binary/Transgender/Gender Non-Con	nforming Do not wish to answer

^{*}This form *is not used for employment decisions*. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.