

## APPLICANT DATA FORM

(Completion of Information Below is Voluntary)

As required, we comply with government regulations including Affirmative Action obligations where they may apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this Applicant Data Form. Your cooperation in self-identification is appreciated.

(PLEASE PRINT)	
Name:	Date:
Position(s) Applied For:	
Check One:	
	Male Female
Please Check One of the following Ethnic/Race categories:	
	<b>Hispanic or Latino</b> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
	White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	<b>Black or African American (Not Hispanic or Latino)</b> - A person having origins in any of the black racial groups of Africa.
	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	<b>Asian (Not Hispanic or Latino)</b> - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	<b>Two or More Races (Not Hispanic or Latino) -</b> All persons who identify with more than one of the above five races.

This information will be considered confidential, and refusal to provide this information will not adversely jeopardize or affect your consideration for employment. Provision of this information is voluntary and refusal to provide it will not subject the applicant or employee to adverse treatment. Further, if provided, the information will be kept confidential and used only in accordance with government regulations as required.

Rev. 8/2006 EOE M/F/D/V