|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| It is the policy of this company to provide equal employment opportunity to all employees and applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Various agencies of the United States government require employers to collect information about applicants. Information requested on this sheet is for purposes of compliance with these recordkeeping requirements and to determine recruiting and employment patterns. Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application form. Completion of this sheet is voluntary and is not a requirement for employment. | | | | | | | |
| Position applied for: | | | | | | | Date: |
| How did you hear about this position?  Current Employee:  Previous Employee:  Newspaper: | | | | | Family Health Center Website  WorkSource Location:  Other: | | |
| Name: | *Last* | | | *First* | | | *M.I.* |
| Sex:  Male  Female  Other | | Race:  Caucasian  Hispanic or Latino  Two or more races | American Indian or Alaskan Native  Black or African American  Asian/Pacific Islander | | | Employment Preference:  Full Time  Part Time  On call  Temporary | |

|  |
| --- |
| Regulations issued by the United States Department of Labor with respect to handicapped individuals, disabled veterans, and Vietnam era veterans require that federal contractors provide a self identification opportunity to applicants for employment. Such self identification and any information provided by the applicant is submitted: (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please provide any information you wish to submit. If an employee or applicant so identifies him or herself, the company shall seek the advice of the applicant or employee regarding proper placement and appropriate accommodation. |

|  |  |  |
| --- | --- | --- |
| **Are you handicapped?**  (Have a physical or mental impairment which substantially limits a major activity or have a history of such impairment)  No  Yes | **Are you a disabled Veteran?**  (Entitled to disability compensation under law administered by Veteran’s Administration for disability rated 30% or more OR discharged/released from active duty for disability incurred or aggravated in the line of active duty)  No  Yes | **Are you a Vietnam era Veteran?**  (Served in active duty for a period of more that 180 days, any part of which occurred between 8/5/64 and 5/7/75 and was discharged/released with other than dishonorable discharge or for a service connected disability)  No  Yes |
| **Are you are Medal Veteran?**  No  Yes | **Are you a recent Veteran?**  (Served in active duty in the past 5 years)  No  Yes | **Branch of Service?** |