

# Voluntary Disclosure Statement



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?		
<input type="checkbox"/> Current Employee:	<input type="checkbox"/> Family Health Center Website	
<input type="checkbox"/> Previous Employee:	<input type="checkbox"/> WorkSource Location:	
<input type="checkbox"/> Newspaper:	<input type="checkbox"/> Other:	
Name: <i>Last</i>	<i>First</i>	<i>M.I.</i>
Sex:	Race:	Employment Preference:
<input type="checkbox"/> Male	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Full Time
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Part Time
<input type="checkbox"/> Other	<input type="checkbox"/> Two or more races	<input type="checkbox"/> On call
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Asian/Pacific Islander	

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.

<b>Are you handicapped?</b> (Have a physical or mental impairment which substantially limits a major activity or have a history of such impairment) <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Are you a disabled Veteran?</b> (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) <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Are you a Vietnam era Veteran?</b> (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) <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Are you are Medal Veteran?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Are you a recent Veteran?</b> (Served in active duty in the past 5 years) <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Branch of Service?</b>