

# EQUAL EMPLOYMENT OPPORTUNITY FORM

## Applicant Information

Full Name

First

M.I.

Last

Address

Street

Apt. Number

City

State

Zip Code

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 ☐

African American/Black ☐

Hispanic/Latino ☐

White/Caucasian ☐

Other ☐

Gender

Male ☐

Female ☐

Military Service

Pre-Vietnam Era ☐

Vietnam Era ☐

Post-Vietnam Era ☐

Disabled Veteran ☐

How did you hear  
about us?

Newspaper ☐

Company Employee ☐

Professional Publication ☐

Job Fair ☐

Placement Office ☐

Website ☐

Other ☐

Print Name

Date