

Invitation to Identify for Affirmative Action Purposes

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

Applicant Name: _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE:

Male

Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

White

Asian

Hispanic or Latino (All Races)

Black/African American

Native Hawaiian or Other

Hispanic or Latino (White Race Only)

American Indian or Alaskan Native

Pacific Islander

Hispanic or Latino (All Other Races)

HOW WERE YOU REFERRED TO THIS JOB:

Advertisement

School/College

Employee Referral

State Job Service

Employment Agency

Temporary Agency

Government Agency

Walk In

Recruiter

Other (Please Specify): _____