

## PRE-EMPLOYMENT INFORMATION FORM

**TO THE APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

We are requesting that you voluntarily provide the following information. It will help to monitor the compliance with Equal Opportunity and Affirmative Action laws and to measure our advertising and recruitment efforts. This information will in no way affect you as an applicant. Failure to provide this information will not disqualify you for present or future employment. All selection procedures will be guided by the principles of Equal Opportunity. Data reported will be kept confidential and will not be maintained in personnel files.

\_\_\_\_\_ Male \_\_\_\_\_ Female  
Full Name (Please Print)

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Specified Job Opening for Which You Applied: \_\_\_\_\_

How Did You Learn About This Job? \_\_\_\_\_  
(Identify the name of the publication, school agency, person, etc.)

### Race/Ethnic Identification (Check only one)

- \_\_\_\_\_ White (Not of Hispanic Origin) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- \_\_\_\_\_ Black (Not of Hispanic Origin) – A person having origins in any other of the Black racial Groups of Africa.
- \_\_\_\_\_ Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- \_\_\_\_\_ Asian or Pacific Islander – A person having origins in any other of the original peoples of the Far East, Asia, the Indian Subcontinent, or the Pacific Island.
- \_\_\_\_\_ American Indian or Alaskan Native – A person having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.

**Veteran:** Were you separated under honorable conditions from any branch of the armed forces of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Disability:** Do you have a physical or mental impairment which substantially limits one or more major life activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

Disability is defined as a condition which substantially limits one of life's major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working. Do not answer "YES" to this question if, for example, you have a visual problem corrected by glasses.

**AN EQUAL OPPORTUNITY EMPLOYER**