



Pre-Employment Data

Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

The completion of this form is voluntary. This information will not be used or viewed during any part of the application process. It is being gathered for mandated affirmative action compliance research purposes only.

Male \_\_\_\_\_ Female \_\_\_\_\_

Race & Ethnicity

- \_\_\_\_\_ American Indian/Alaskan Native
- \_\_\_\_\_ Asian/Pacific Islander
- \_\_\_\_\_ Black
- \_\_\_\_\_ Filipino
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ White
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Are you handicapped? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" please indicate by checking the following:

- \_\_\_\_\_ Hearing
- \_\_\_\_\_ Physical
- \_\_\_\_\_ Speech
- \_\_\_\_\_ Vision
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Are you a disabled veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a Vietnam era vet? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 40 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please indicate your date of birth: \_\_\_\_\_  
Month Day Year

Please indicate how you learned about this position:

- \_\_\_\_\_ EDD Office
- \_\_\_\_\_ Employment Announcement
- \_\_\_\_\_ Friend/Relative/Colleague
- \_\_\_\_\_ Government Agency
- \_\_\_\_\_ Newspaper (specify) \_\_\_\_\_
- \_\_\_\_\_ Placement Office (specify) \_\_\_\_\_
- \_\_\_\_\_ Professional Organization (specify) \_\_\_\_\_
- \_\_\_\_\_ Other (specify) \_\_\_\_\_