EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

This form is NOT part of the Employment Application. The information will NEVER be put with the Employment form, and it will NEVER be used as a basis for offering or not offering an applicant a job.

The answers to the following questions are for EEO Compliance purposes only.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities. In doing so, we are periodically required to report on the sex, ethnicity, handicapped and vetern status of applicants. This data is for analysis and affirmative action only.

To assist us in complying with government record keeping and other legal requirements, please fill out the EEO Questionnaire. Do not hesitate to ask questions or seek assistance.

(PLEASE PRINT)

NAME: _____ DATE: _____

Position(s) applied for:

Referral source: (check one)

- ☐ Friends or relatives working for the City
- ☐ State Employment Agency
- ☐ Bulletin boards in community buildings
- ☐ Friends or relatives
- ☐ Community Group
- ☐ City department bulletin boards
- ☐ Newspaper
- ☐ Self
- ☐ Other _____ (specify)

NAME: _____ SSN: _____

DATE OF BIRTH: _____

Check one of the following:

☐ Male ☐ Female

How do you describe yourself:

☐ White ☐ Black ☐ Spanish American/Hispanic

☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native

☐ Other _____ (specify)

Check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual