



CONFIDENTIAL EMPLOYMENT INFORMATION FORM

In compliance with Federal and State Equal Employment Opportunity laws, all qualified will be considered for employment without regard to race, gender, national origin, age, veteran status or disability. To help us comply with Federal and State EEO record keeping, reporting and other obligations, please answer the questions below. The information provided is kept confidential. Providing this information is voluntary and neither disclosure of the information nor refusal to provide it will adversely affect consideration of your application.

Print Full Name: _____ SSN: _____

Position Applied For (Only One Please): _____

Birth date: _____ Signature of Applicant: _____

Sex: Male Female
Marital Status: Married Widowed Single Separated Divorced Common Law

Ethnic Group: White Black (not Hispanic) Asian/Pacific AmericanNA Hispanic American Indian/Alaska Native

Check Appropriate Box (Optional):

Disabled Disabled Veteran NA

Military Status: No Military Service Active Reserve Vietnam Veteran Inactive Reserve Veteran Retired

Today's Date: _____

THANK YOU FOR YOU COOPERATION