VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY (EEO) SURVEY

NOTICE TO APPLICANTS: Applicants are considered for all positions and employment actions are conducted without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability or any other basis protected by law.

The following information is requested to comply with governmental record keeping and federal reporting requirements. Your responses are strictly voluntary and will not affect your employment opportunities This form will be removed from your application before processing. This information shall not be used in making any hiring decision or in any selection procedure. COMPLETION OF THIS FORM IS VOLUNTARY.

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Applicants Position/Title

❑ Male ❑ Female

RACIAL/ETHNIC BACKGROUND: *(Please check one box only)*

❑ White/Caucasian. (A person with origins in any of the original peoples of Europe, North Africa, or the Middle East who is not of Hispanic origin).

❑ Asian or Pacific Islander. (Persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China (including Hong Kong), Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Fiji, Tonga, Kiribati, Tuvalu, or Nauru),

❑ Subcontinent Asian Americans. (Persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands or Nepal).

❑ Hispanic. (A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin).

❑ Black. (A person with origins in any of the Black racial groups of Africa who is not of Hispanic origin).

❑ Native American. (American Indians, Eskimos, Aleuts, or Native Hawaiians).

DISABILITY INFORMATION:

❑ Yes ❑ No Are you considered a person with a disability who: (A) presently has a physical or mental impairment that substantially limits you in one r more life areas, (B) has a record of having such a problem, or (C) are regarded as having such an impairment?

VETERAN INFORMATION: *(Please check all boxes that are applicable)* ☐ None

❑ Veteran ❑ Service Disabled Veteran

❑ Viet Nam Era Veteran ❑ Active Reserve

MILITARY SERVICE: *(Please check all boxes that are applicable)* ☐ None

❑ Army ❑ Air Force Highest Rank Obtained?

❑ Navy/Marine ❑ Coast Guard If Retired, Date Retired?