

Position # _____

**THIS CONFIDENTIAL FORM IS FOR
SELF-REPORTING EEO PURPOSES ONLY
COMPLETION IS VOLUNTARY**

Name of Position for which you are interviewing: _____

I heard about this vacancy through: Newspaper _____ Employment Service _____

Friend/relative _____ Agency employee _____ Agency's voice mail system _____

Other (please specify): _____

Male: _____ Female: _____ Race: Caucasian _____ African American _____

Native American _____ Asian/Pacific Island _____ Hispanic/Spanish Heritage _____

Other (please specify) _____

Age: _____ I am not a veteran: _____ I am a veteran of the following: _____

I am not disabled: _____ I have the following disability(ies): _____

I understand that if I need any type of accommodation or assistance during the interview process that I am encouraged to request it.

This information will be retained in a separate, confidential file. Completion of this form will have no impact on your application for employment. The information obtained will be used for the agency's Affirmative Action Plan, only.