

**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 and will not be a part of your application for employment. The information obtained will be used for the agency's Affirmative Action Plan, only.

Please place the completed form in the envelope provided, seal the envelope and return to the receptionist. If you choose not to complete this form, please return it to the receptionist. Completion of this form has no impact on selection of candidates for employment.