

Voluntary Affirmative Action Data

PLEASE PRINT

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

This company is committed to an affirmative action program which provides for the recruitment of women, persons of color, persons with disabilities, disabled and Vietnam era veterans and persons 40 and over. To implement this program, this Company requests that you provide the following information. Although doing so is voluntary on your part, the information gathered in this manner is vital to the Company's compliance with Titles VI, VII and IX of the Civil Rights Act, the Rehabilitation Act of 1973, and the Vietnam Era Veterans Readjustment Act of 1974. A decision not to provide this information will not result in any adverse treatment of your application for employment. This information is kept separate from your application.

POSITION APPLIED FOR:

Date: / /

APPLICANT INFORMATION:

Name: _____ Telephone Number: () _____

Address: _____ City: _____ State: _____ Zip: _____

Male Female

Please check one of the following Ethnic Groups:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Multiracial* (having parents of different races)

*THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.

Are you a veteran? Yes No

Are you a disabled veteran? Yes No

Do you have a disability? Yes* No *If yes, please explain: _____

How did you become aware of this position?

To be completed by hiring department of EO Liaison:

Title of position: _____

EEO-1 Category:

- Officials and managers
- Professionals
- Technicians
- Sales
- Office and clerical
- Crafts - skilled
- Operatives - semi-skilled
- Laborers - unskilled
- Service workers

Notes _____

Completed by _____ Date _____ / _____ / _____