

APPLICANT INFORMATION CARD

Date of Application _____

Position Applied For _____

This information is voluntary and will not be used for making employment decisions and will not be kept with your application for employment. The information on this card is needed to analyze and assure compliance with state and federal equal employment opportunity laws and to meet the reporting requirements of these laws.

NAME _____
Last First Middle
ADDRESS _____
Street

City State Zip
SOCIAL SECURITY # _____ DATE OF BIRTH _____

CHECK ONE IN EACH CATEGORY:

Gender: Male _____ Female _____
Citizenship: U.S. _____ Other _____
Veteran Status: Disabled Veteran _____
Vietnam Era Veteran _____
Neither of the above _____
12-94

RACE: (Check one only)

- WHITE (includes persons of Arabian descent)
- BLACK (includes Jamaicans, Bahamians and other Caribbeans of African, but not Hispanic or Arabian, descent)
- HISPANIC (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)
- ASIAN AND ASIANT AMERICAN (includes Pakistanis, Indians and Pacific Islanders)
- AMERICAN INDIAN (includes Alaskan natives)

Referred by: Newspaper _____ Friend/Relative _____
VEC _____ State Rehab _____
Walk-in _____ Other _____

EDUCATION (circle highest level completed)
1 2 3 4 5 6 7 8 (9 10 11 12) (13 14 15 16) (17 18)
High School College Graduate

G.E.D. College Degree: (Circle) AA AAS BA BS MA MS PhD MD Other _____

Do you have a physical/mental disability: No _____ Yes _____
If yes, describe disability _____