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**EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION  
FORM**

Please provide the following which will be used for Affirmative Action statistics only and will be maintained separately from your employment application.

Name: \_\_\_\_\_

First

Last

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Position applied for: \_\_\_\_\_

Department: \_\_\_\_\_

Ethnicity: Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

Race: American Indian/Alaskan Native other \_\_\_\_\_

Asian or Pacific Islander \_\_\_\_\_

Black or African American \_\_\_\_\_

Caucasian \_\_\_\_\_

Hispanic \_\_\_\_\_

**Optional Information:**

Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

Vietnam Era Veteran (February 28, 1961 – May 7, 1975): \_\_\_\_\_

Other Protected Veteran: \_\_\_\_\_ Please list war, campaign or expedition \_\_\_\_\_

Newly Separated Veterans: \_\_\_\_\_

**Source of position information:**

From what source did you learn of this position? \_\_\_\_\_

If by advertisement, please name publication. \_\_\_\_\_