

EEO DATA: VOLUNTARY DISCLOSURE FORM

REGULATIONS OF THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) REQUIRE EMPLOYERS TO COMPILE DATA REGARDING THE NATURE AND MAKEUP OF THEIR WORK FORCES IN ORDER TO FURTHER THE GOALS OF TITLE VII OF THE CIVIL RIGHTS ACT OF 1964 AS AMENDED. YOUR RESPONSES TO THE FOLLOWING QUESTIONS WILL HELP THE EMPLOYER COMPLY WITH THIS REQUIREMENT. COMPLETION OF THIS QUESTIONNAIRE IS ENTIRELY VOLUNTARY ON YOU PART. SHOULD YOU OPT TO COMPLETE THE QUESTIONNAIRE, YOUR RESPONSE WILL BE USED BY THE EMPLOYER SOLELY FOR THE PURPOSES OF PREPARING THE REPORTS REQUIRED BY THE EEOC. YOUR RESPONSE WILL BE KEPT CONFIDENTIAL, AND WILL PLAY NO PART IN THE EMPLOYER'S EVALUATION OF YOUR EMPLOYMENT PERFORMANCE OR STATUS, OR YOUR TREATMENT AS AN EMPLOYEE. THE COMPLETED QUESTIONNAIRE WILL BE KEPT SEPARATE FROM YOUR PERSONNEL FILE.

NAME: _____ (OPTIONAL)

AGE: _____ SEX: _____

CLASSIFICATION / JOB FOR WHICH YOU ARE APPLYING: _____

_____ DATE: _____

RACIAL AND ETHNIC CATEGORIES:

WHITE (NOT HISPANIC ORIGIN) _____

BLACK (NOT HISPANIC ORIGIN) _____

HISPANIC _____

ASIAN OR PACIFIC ISLANDER _____

AMERICAN INDIAN OR ALASKAN NATIVE _____

HANDICAPPED / DISABLED _____

NOTE: THIS FORM IS TO BE MAINTAINED SEPARATELY FROM THE APPLICATION FORM.

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