

INFORMATION IDENTIFIED IS VOLUNTARY. WILL NOT BE USED IN HIRING

ANSWER ALL QUESTIONS - PLEASE PRINT

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, ancestry, age, medical condition or handicap.

To help us comply with Federal/State equal employment opportunity record keeping, reporting, and other legal requirements, please answer questions below.

This PRE-EMPLOYMENT INFORMATION FORM will be kept in a CONFIDENTIAL FILE, separate from the APPLICATION FOR EMPLOYMENT.

This information is to be utilized for AFFIRMATIVE ACTION use only.

Date _____

Position(s) Applied For: _____

Referred By: _____

Name: _____ Telephone: _____
Last First Middle

Address: _____
Street City State Zip

Race/Ethnic Group: White Black Hispanic American Indian/Alaskan Native
 Asian/Pacific Islander

Sex: Male Female

Are you: Under 18 18 to 70 Over 70 years of age

Are you a Vietnam Era Veteran?: Yes No

Are you a Disabled Veteran?: Yes No

Do you have a disability, handicap, or medical condition that limits your job performance?: Yes No

If Yes, please explain _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No Date _____

Notes: _____