

APPLICANT INFORMATION FORM

Return of this form is required to complete your application package.

Applicants for employment are considered without regard to race, color, creed, gender, national origin, age, marital or veteran status, sexual orientation, arrest or conviction record, medical condition, or disability.

As government employers, we comply with federal and state regulations and responsibilities. To help us comply with various recordkeeping and reporting requirements, please complete this form. This data is for analysis and legal compliance only. It will be separated from the application on arrival and maintained in a confidential file.

PLEASE PRINT CLEARLY

Date _____

Position for which you are applying: _____

Name of Department/Unit: _____ PVL # _____

PERSONAL INFORMATION

Name _____ Phone _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

E-mail address _____

How did you learn about the position (please be specific):

- Newspaper, Which One? _____ Job Fair/Career Fair _____
- Placement Office/Agency, Which One? _____ Personal Contact _____
- Publication, Which One? _____ Other _____
- Internet Site, Which One? _____

AA/EEO INFORMATION *

Check one: Female Male

Check one of the following:

Ethnicity: Hispanic/Latino Origin (also choose a race below)
 Not of Hispanic/Latino Origin (also choose a race below)

Check all that apply:

Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White Other

* Providing AA/EEO information is voluntary, but highly encouraged.