

• **Phy. Handicap** Yes No If yes, Back Head Limb Other

Explain _____

• **Vet.** Yes No W.W. II Viet Nam Korean Other

• **Disabled Veteran** Yes No Explain _____

Applicant Signature

Date Signed

*** NOTE: This information is required for the Employment Opportunity Commission, The Office of Federal Compliance of Department of Labor, and Plans for Progress. This record will be kept in the Personnel Office per Section 709 (c), Title VII, Civil Rights Act of 1964.

PS 7309 3/01

Voluntary Affirmative Action Information Request

The Federal Government requires that we file certain Affirmative Action Reports annually. Your supply of the following information is voluntary and will help us in complying with this Federal requirement. This portion of your application will be detached and the information that it contains will not be used in making employment decisions.

Print Full Name

Social Security Number

Birthdate

• **Sex** Male Female

• **Race** Black Asian or Pacific Islander Native American or Alaska Native Hispanic White