

DATE: \_\_\_\_\_

NAME: (please print) \_\_\_\_\_  
*Last Name* *First Name* *Middle Initial*

A. Job Applied for: \_\_\_\_\_

B. How did you learn about this job?  
\_\_\_\_\_

C. Sex: M F \_\_\_\_\_

D. Present Marital Status: \_\_\_\_\_

1. Married
2. Single

E. Birthdate: \_\_\_\_\_

F. Of the following, which group would you consider yourself a member?

- |                    |                                |
|--------------------|--------------------------------|
| 1. American Indian | 4. Spanish or Mexican American |
| 2. Black           | 5. White                       |
| 3. Oriental        | 6. Other _____                 |

G. Do you have a disability?

- |                   |                              |
|-------------------|------------------------------|
| 1. No             | 6. Yes – Paralysis           |
| 2. Yes – Blind    | 7. Yes – Cardiac             |
| 3. Yes – Deaf     | 8. Yes – Back Injury         |
| 4. Yes – Amputee  | 9. Yes – Other _____         |
| 5. Yes – Epilepsy | 10. Yes – Veteran Disability |

TO ALL APPLICANTS

The information requested does not affect you as an applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population, in the validation of our selection methods and for the purpose of Equal Employment reporting. Please give us your cooperation by completing this questionnaire.