

Applicant Control Card

The following voluntary information is used to monitor our Affirmative Action Program. The information you are being asked to provide is the result of a federal requirement under Executive Order 11246. It will be used for reporting of applicant flow statistics and determining effective methods of advertising. Employees and applicants for employment who wish to benefit under the affirmative action programs for qualified disabled persons and Vietnam Era/Special Disabled Veterans are invited to self-identify. The information is voluntary, will be kept confidential, and will not subject the applicant or employee to any adverse treatment. The information is used in accordance with Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended. Please note that a request to benefit under the affirmative action program may be made immediately or at any time in the future.

Detach Here

Name _____ Date _____
(Last) *(First)*

Address _____
(City) *(State/Zip Code)* *(Country)*

Position Applied For _____
(Title) *(Department)*

SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female
U.S. CITIZEN or RESIDENT ALIEN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DISABLED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AGE	<input type="checkbox"/> 18-39	<input type="checkbox"/> 40 or over
RACE	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian/Oriental
	<input type="checkbox"/> Hispanic/Latino	
Vietnam Era Veteran	<input type="checkbox"/> No	<input type="checkbox"/> Yes (DD 214 required)
Disabled Veteran	<input type="checkbox"/> No	<input type="checkbox"/> Yes (VA certification required)

How did you hear about this position? _____