



AFFIRMATIVE ACTION FORM

This page asks for information about you to help our company comply with government recordkeeping, reporting, and other legal requirements. Completion of this form as an applicant is completely voluntary, and will in no way affect your chances for employment. Please note that the information contained on this form is kept in a confidential file and is not part of your application for employment or personnel record.

Employees are selected and employed without regard to race, color, religion, gender, national, origin, age, disability, marital or veteran status or any other legally protected status.

Full Name	Social Security Number
Circle One MALE FEMALE	Circle if you identify yourself as VIETNAM ERA VETERAN DISABLED VETERAN DISABLED
Circle your ethnic origin: WHITE BLACK HISPANIC AMERICAN INDIAN / ALASKAN NATIVE ASIAN / PACIFIC ISLANDER OTHER	
BIRTHDATE	

Signature

Date