



## VOLUNTARY SURVEY

Date \_\_\_\_\_

Please fill out any portion of this form that you desire. Whether you complete the form, or only a portion of it, please return this form.

Discrimination because of race, color, national origin, age, disability, gender, marital or veteran status is prohibited. You may notify the appropriate local, state, or federal agency if you believe that you have been a victim of discrimination.

Government agencies require periodic reports of the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of our Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Complete the sections below

Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other
Name: _____		
Address: _____		
Phone Number: _____		Age: _____
Referral Source: _____		
Position(s) applied for: _____		
Check any of the following applicable choices:		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled	<input type="checkbox"/> Disabled Veteran