



Greetings,

Thank you for applying with Healthcare Staffing, Inc. who is in partnership with New Horizons Behavioral Health.

Due to the recent changes in our application process, we will need the following documents when you turn in your application:

Documents needed:

- High School Diploma or GED
- Degree with Official Transcript

- Valid Driver's License
- Valid Car Insurance
- 7 year Motor Vehicle Report (GA license) or 3 year MVR for Alabama

Applications can be turned in via:

- **Email** at ppritchett@healthcare-staffing.com or jobs@nhbh.org
- **Fax:** 706-225-7595
- **In Person:** 1315 Delauney Ave Ste 101 (behind VA Clinic or next to Piggly Wiggly 13th Street)

Please feel free to check out our website for any update job vacancies that we may have at www.healthcare-staffing.com or www.nhbh.org.

I look forward to speaking to you soon.

Sincerely,

Patrica Pritchett
Branch Manager
706-225-7595 office #



Application for Employment

It is the policy of this company to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

1724 Phoenix Pkwy • College Park, GA 30349

Date	This application to be active for a period of 120 days
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Applicant Name (Please Give Complete Name)	Are you at least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Four Digits Social Security #	Home Phone
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Present Address (Include City, State, Zip Code)	Cell Phone
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Previous Address (If present is less than 12 months)	E-mail Address
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Current Open Position(s) for Which You Are Applying	Type of Position	Shift
1) _____ 2) _____ 3) _____	<input type="checkbox"/> Per Diem <input type="checkbox"/> Travel <input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	<input type="checkbox"/> Day <input type="checkbox"/> Weekend <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotation

Salary Requirement	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If overtime work is required of you periodically, does this pose a problem to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available for work	Are You Legally Authorized to Work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever worked for HealthCare Staffing or any HCS client? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which facility?	Are you related to another company employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How did you learn about this position? <input checked="" type="checkbox"/> State Employment Commission/DOL <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Job Listing <input type="checkbox"/> Job Line <input type="checkbox"/> Current Employee <input type="checkbox"/> Ad <input type="checkbox"/> Internet	If you have been previously employed with HCS or a client facility please give the job title you held and the dates employed.
	Are you presently serving in the Armed Forces/National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give current rank and position.
	Are you currently excluded from participation in any federally funded healthcare program – including Medicare and Medicaid – and are you aware of any potential exclusion from a federally funded health program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Educational History

Type of School	Name of School City, State	Check Last Year Attended	Degree or Certificate
High School/ GED		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		From (Year) _____ To (Year) _____	
		From (Year) _____ To (Year) _____	

List any professional licenses, registration or certification you possess (include Drivers License, if applicable to the position).	Clerical or other skills applicable to the position for which you are applying																
<table border="1"> <thead> <tr> <th>Type</th> <th>State Issued</th> <th>Expiration Date</th> <th>Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type	State Issued	Expiration Date	Number													<input type="checkbox"/> Typing () wpm <input type="checkbox"/> PBX <input type="checkbox"/> Proficient in Software: _____ In case of emergency, please contact: _____
Type	State Issued	Expiration Date	Number														

Has your professional license/certificate/registration ever been subject to disciplinary action by any state board or body such as reprimand, suspension, revocation, consent order, voluntary surrender or fines? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Relationship: _____
Are you currently under a consent order or a restricted license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: _____
	City/State/Zip: _____
	Home Phone: _____ Alternate Phone: _____

Application for Employment

Employment History		Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.							
Current or Most Recent		From		To		Company	Phone Number	Immediate Supervisor	
		Mo.	Yr.	Mo.	Yr.				
	Job Title			Other reference with this employer			Name while Employed		
	Salary		Nature of duties/areas worked				Reason for leaving		
1 st Previous		From		To		Company	Phone Number	Immediate Supervisor	
		Mo.	Yr.	Mo.	Yr.				
	Job Title			Other reference with this employer			Name while Employed		
	Salary		Nature of duties/areas worked				Reason for leaving		
2 nd Previous		From		To		Company	Phone Number	Immediate Supervisor	
		Mo.	Yr.	Mo.	Yr.				
	Job Title			Other reference with this employer			Name while Employed		
	Salary		Nature of duties/areas worked				Reason for leaving		
3 rd Previous		From		To		Company	Phone Number	Immediate Supervisor	
		Mo.	Yr.	Mo.	Yr.				
	Job Title			Other reference with this employer			Name while Employed		
	Salary		Nature of duties/areas worked				Reason for leaving		

Professional Reference (Other than Relatives)		Give two references who have good knowledge of your work.			
#	Name	Position	Address (Include City/State)	Phone - Work/Home	Years Known
1.					
2.					

<p>PLEASE REVIEW AND SIGN WHERE INDICATED</p> <p>In making application for employment:</p> <ul style="list-style-type: none"> • I certify that the information in this application is true and complete for all practical purposes. It may be verified by the company or any affiliate. Should a person be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the company or affiliates are relieved of all commitments, financially or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. • I understand that an Investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an Investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. 	<ul style="list-style-type: none"> • I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF COMPANY POLICIES. • I understand that the company reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the client facility. I understand that refusal to submit to a urinalyses, blood test or search, when requested to do so, may result in termination of employment. • Compliance with the company's Substance Abuse Policy is a condition of employment. The company requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalyses test/screen for alcohol and drugs in accordance with company policy. Continued employment is also contingent upon compliance with the company's Alcohol and Drug Abuse Policy. 	<ul style="list-style-type: none"> • I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal healthcare program, or receive a government contract. • I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE COMPANY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE COMPANY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE PRESIDENT/CEO OF THE COMPANY. <p>RELEASE:</p> <p>I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.</p>
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<p>I have read and understand these conditions of employment. </p>	<p>Applicant Signature _____</p>	<p>Date Prepared _____</p>
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Office Use Only	<input type="checkbox"/> Referred to Staff/Department Head _____	<input type="checkbox"/> Hold for Future Opening	<input type="checkbox"/> Not Qualified for Opening
	<input type="checkbox"/> Recommended Date: _____	<input type="checkbox"/> By: _____	<input type="checkbox"/> References Checked



Applicant Statement

I UNDERSTAND AND AGREE:

I represent that the information provided in the employment application and accompanying documents is true and complete. I understand that any false information or significant omissions may disqualify me for employment and may be justification for dismissal from employment if discovered at a later date. I agree to immediately notify HCS if I am convicted of any crime while employed by HCS.

I authorize investigation of all statements contained in the application and authorize any individual or entity to provide information and opinion to HCS as part of the investigation. I authorize HCS to disclose information contained in the application along with any information about me obtained through investigations or during the course of the interview process. I release HCS and any individual, or entity providing information to HCS, from any legal liability, damages, or claims from the disclosure of such information.

I have applied for a position with HCS, and as part of the application process HCS may verify information contained in my application, and in other documents required in connection with the application for employment process. I authorize you to provide HCS all information and all documentation that they request. HCS may address this authorization to any party named in the employment application or other documents required in connection with the application for employment process. A copy of this authorization may be accepted as an original

I understand and hereby release any legal claim against HCS its officers, agents and employees in requiring investigations/verifications and authorize that a consumer or an investigative consumer report may be obtained from a consumer reporting agency for the purpose of evaluating me for employment, assignment, reassignment, or retention as an employee. I understand and authorize Healthcare Staffing Inc. to obtain, conduct/verify investigations/verifications of the following and are not limited to:

Employment history, education verification/investigation, State and National criminal background, dependent adult and /or child abuse, Exclusion reports from the Office of The Inspector General, General Services Administration, National Sex Offenders data, Motor Vehicle Report, Secretary Of State Professional License, as well as the State of Georgia Human Resource system, or other presenting information pertaining to me which may be in the files of any federal, state or local agency. I understand that information/results obtained during the investigations may be used as a basis for denial of employment and/ or re-employment as well as termination of employment with Healthcare Staffing Inc.

I understand that my employment is conditional based upon HCS receiving acceptable information and understand that refusal to sign this release will result in termination of the employment process. I understand and authorize HCS to conduct the investigations/verifications as pre-employment verifications/investigations as well as on an annual basis for continued employment.

I understand that authorization will remain in effect for the term of my employment with HCS. I understand that unless otherwise limited by state or federal regulation, and except to any extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

NOTIFICATION FOR HEALTHCARE STAFFING PROSPECTS AND EMPLOYEES

I understand that if accused of wrongdoing while employed, I may be subject to investigation by outside agencies.

I understand my employment is "at-will" which means that my employment is for no definite period of time and my employment may be terminated by HCS or me at any time for any reason

I understand and agree that HCS does not guarantee any specific number of hours or shifts and I may or may not be assigned as determined by HCS. I understand that assignments may vary in length, hours, and location depending on clients' needs.

I understand clients may decide not to utilize my services at any time and will inform HCS if this occurs, such decision is made solely by the client. I understand that disclosure of the reason(s) for any such decision is at the sole discretion of the client. I understand and acknowledge that if this occurs, I may or may not be assigned to other clients.

In the event I have concerns regarding my assignment with a client, I will immediately bring my concerns to HCS's attention.

I agree while employed by HCS, to abide by the policies, and procedures and supervision of the client to which I am assigned and those of HCS.

I agree while employed by HCS to keep my credentials, JCAHO, OSHA and other required credentials current and failure to do so may cause me to be inactivated or terminated.

NON-DISCRIMINATION

Healthcare Staffing, Inc. is an Equal employment Opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, national origin, sex, age, disability, or any other characteristic protected by federal, state or local laws. If you believe you have been discriminated against, please immediately notify the Manager of Human Resources, or Richard Rector, President of HCS. You may report an incident without fear of reprisal or retaliation. Reports will be investigated and corrective action will be taken as appropriate.

SEXUAL HARRASSMENT POLICY

Healthcare Staffing, Inc. is committed to a policy where our staff members are free of unlawful harassment. Healthcare Staffing, Inc. specifically prohibits its staff members, agents, clients, vendors and contractors from engaging in harassment based upon race, color, creed, sex, age, marital status, disability, national origin or any other legally protected characteristic or category.

While all forms of harassment are prohibited, Healthcare Staffing, Inc. specifically prohibits sexual harassment in the workplace. Sexual harassment includes: unwanted sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature that creates a hostile environment. Anyone who feels they have been subjected to harassment or who becomes aware of possible harassment should immediately report the matter to their manager at the facility to which they are assigned and to the Human Resources Manager of Healthcare Staffing, Inc.

DRUG FREE WORK PLACE

The use of intoxicants, whether legal or illegal, in the workplace poses many dangers and is prohibited during the work day regardless of location. Under the provisions of the federal Drug Free Workplace Act and applicable state provisions, it is the policy of Healthcare Staffing, Inc. to establish A Drug Free Awareness Program. As a condition of initial and continued employment, HCS staff members at all times while working and/or while conducting HCS related business activity in any location, are prohibited from manufacturing, possessing, distributing, dispensing, selling, or using any drug paraphernalia and/or illegal drugs, legal drugs which are not prescribed for the employee, or any other intoxicating or controlled substance (including alcohol and herein after referred to as intoxicant).

As an employee of Healthcare Staffing, Inc, I understand and acknowledge that as a condition of employment or as a condition of continuing employment I must take and pass a drug test. I also understand that during an assignment, a client facility may require that I consent to a random or for cause drug test in accordance with that facility's policies and procedures. I agree to consent to a drug test if required.

I understand that if a drug test indicates the presence of an unlawful drug(s) in my system, I will be ineligible to work and I will be terminated from my employment with HCS.

WORKER'S COMPENSATION

Healthcare Providers are responsible to obey all safety rules and precautions, and to exercise caution in all work activities while on assignment.

If a work related injury occurs, client supervisor and the Manager of Human Resources Manager must be notified immediately. In the event that HCP is unable to notify HCS another individual must be designated by employee to do so. A "First Report of Injury" must be completed immediately even if no medical care is rendered at the time of injury. Failure to report an injury or to complete a first report of injury may result in denial of the claim.

IMMIGRATION LAW COMPLIANCE

Healthcare Staffing, Inc. in compliance with the federal Immigration Reform and Control Act of 1986 as amended is committed to employing only United States citizens and legal aliens who are authorized to work in the United States. Each employee must complete the Employment Eligibility Verification Form I-9 with require identity and employment eligibility documentation.

EMPLOYEE HANDBOOK

Each Healthcare Staffing Employee is provided with an Employee Handbook. I agree to abide by all HCS rules, policies, and regulations. Such rules, policies, and regulations may be changed from time-to-time without notice. My signature below serves to acknowledge receipt of the Handbook. The HCS Employee Handbook summarizes the employment practices of HCS. If you have any questions concerning the employment policies of HCS please contact your Branch Manager for clarification.

ELECTRONIC SIGNATURE

The information being transmitted shall constitute a legal writing and document. By completing the signature block below in person or electronically shall be constitute as an original legal signature.

Acknowledge and Agree:

X _____
Applicant Signature (Legal Signature)

Date



**CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE
SUSPICION DRUG TEST SCREEN**

RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I _____ acknowledge and consent, that as a condition of employment as a HealthCare Staffing, Inc. employee, I must take and pass a pre-employment drug screening. I further understand if the drug test indicates the presence of unlawful drugs in my system, I will be ineligible to be hired and begin work with HealthCare Staffing, Inc.

I also acknowledge and consent, as a condition of continuing employment as a HealthCare Staffing, Inc. employee; I may be subject to annual, random, and reasonable suspicion drug screening. I also acknowledge and consent, that during an assignment, a client facility may require random drug screen in accordance with their policies and procedures. I hereby agree that I will abide by the facility's policies and procedures and will consent to a drug test if required and authorize the facility to release the results of the drug test to HCS. I further understand if the drug screen indicates the presence of unlawful drugs in my system, I will be ineligible to work and I will be terminated from my employment with HealthCare Staffing, Inc.

Fully aware of the above, I consent to submit to drug testing. I authorize HealthCare Staffing Inc. and/or any laboratory or medical provider chosen by HealthCare Staffing, Inc. to perform such drug test and release results to HCS directly. I further authorize HealthCare Staffing, Inc. to release results of the drug test to facilities as may be required to obtain assignment. I release any legal claim I may have against HealthCare Staffing, Inc., its officers, agents and employees for requiring a drug test, and for any adverse employment action taken as consequence of the test and/or results.

SIGNED this _____ day of _____, 20____.

Employee **Printed** Name: _____

Employee Signature: _____



Professional Reference Request

The person below has applied for employment with HCS and listed you as a current reference for previous/current employment. Please take a moment to evaluate the performance level that you feel this candidate has shown in your experience while employed under your supervision. HCS requests this information for the purpose of securing future employment with our agency. If you wish for this information to remain confidential, please return the form with your signature only and check the box decline comment. We would appreciate your assistance in verifying employment and/or evaluating job performance. All information will be kept CONFIDENTIAL.

Applicant Name:		Date:	
Facility:		Position and Unit:	
Dates of Employment:	Reference Name and Title:		
Reference Phone Number:	<input type="checkbox"/> Office	<input type="checkbox"/> Cell	<input type="checkbox"/> Home Phone

I authorize the person or company completing this form to release all information (including opinion information) regarding my employment with them. I hereby release and hold harmless any individual, or company which is providing information, both factual and opinion to HCS, and HealthCare Staffing, Inc. its representatives and agents, from any legal liability for any damages that may result from the disclosure of this information.

 APPLICANT SIGNATURE

 DATE

Declined Comment – verify dates of employment only

1. Do the employment dates above correspond with your records? Yes No If not, please provide correct dates. Comments: _____

2. Is there anything in the individual's work history that would pose a threat to patient safety? Yes No
 Comments: _____

3. Was this person ever disciplined for work related conduct/incidents? Yes No
 If so, please provide details on a separate sheet.

4. Would you rehire this employee? Yes No

5. Reason for leaving: _____

	Poor	Below average	Satisfactory	Above average	Excellent
Attitude					
Cooperation					
Professional Appearance					
Dependability					
Attendance and Punctuality					
Adaptability to work situations					
Quality of work					
Quantity of work					
Critical thinking skills					
Clinical skills					
Prioritizing skills					
Safety awareness					
Comments					
Signature of person completing reference				Date:	
Office use only	Verified by:			Date:	

Professional Reference Request

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Applicant Name:		Date:	
Facility:		Position and Unit:	
Dates of Employment:	Reference Name and Title:		
Reference Phone Number:	<input type="checkbox"/> Office	<input type="checkbox"/> Cell	<input type="checkbox"/> Home Phone

I authorize the person or company completing this form to release all information (including opinion information) regarding my employment with them. I hereby release and hold harmless any individual, or company which is providing information, both factual and opinion to HCS, and HealthCare Staffing, Inc. its representatives and agents, from any legal liability for any damages that may result from the disclosure of this information.

 APPLICANT SIGNATURE

 DATE

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5. Do the employment dates above correspond with your records? Yes No. If not, please provide correct dates. Comments: _____

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	Poor	Below average	Satisfactory	Above average	Excellent
Attitude					
Cooperation					
Professional Appearance					
Dependability					
Attendance and Punctuality					
Adaptability to work situations					
Quality of work					
Quantity of work					
Critical thinking skills					
Clinical skills					
Prioritizing skills					
Safety awareness					
Comments					
Signature of person completing reference				Date:	
Office use only	Verified by:			Date:	



GCIC CONSENT FORM

I hereby authorize BALDWIN POLICE DEPARTMENT to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security

I, _____ (please Print) give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature

Date

Please fax results to 706-225-7595



Cogent Fingerprinting Registration Form

Personal Information

Last Name: _____ First Name: _____
Social Security Number: _____
Date of Birth: _____ Weight: _____
Sex: _____ Race: _____
Eye Color: _____ Hair Color: _____
Height: _____ State of Birth: _____
Country of Citizenship: _____ State Driver's License Issued In: _____
Driver's License Number: _____

Address Information

Address: _____ Address Line 2: _____
City: _____ APT: _____
State: _____ Zip: _____
Phone: _____ E-mail: _____

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me. I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized. I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied. I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

Applicant Printed Name: _____ Date: _____

Applicant Signature: _____



EEO INFORMATION SURVEY

Federal regulations require the collection of certain data for our Equal Employment Opportunity reporting and planning. We are requesting your cooperation in completing this self evaluation form.

THIS INFORMATION IS COLLECTED FROM APPLICANTS ON A VOLUNTARY BASIS AND IS KEPT IN A SEPARATE FILE IN THE HUMAN RESOURCES DEPARTMENT FOR FEDERAL REPORTING PURPOSES. THE FOLLOWING VOLUNTARY INFORMATION SHALL SERVE NO PURPOSE IN EVALUATING AN EMPLOYEE'S QUALIFICATIONS FOR EMPLOYMENT.

Date of Application: _____

Sex: Male Female

Racial/Ethnic Classification (Please designate one group only)

- White (not of Hispanic origin)
Any person having origin in any of the original peoples of Europe, North Africa, or the Middle East
- Black (not of Hispanic origin)
Any person having origins in any of the Black racial groups
- Hispanic
Any person of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race
- Asian or Pacific Islander
Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa
- American Indian or Alaskan Native
Any persons having origins in any of the original peoples of North America and who main cultural identification through tribal affiliation or community recognition. One-quarter Indian is the usual requirement for inclusion on a tribal roll.
- Other (please specify)

Person with a Disability

- Yes
- No

United States Veteran

- Yes
- No

If yes, please mark all that apply

- Vietnam Era Veteran
- Veteran with a disability

