

An Equal Opportunity, Affirmative Action Employer

## **Applicant Flow Survey Form**

Last Name:	First Nam	e:	Middle Initial:
Date:	Position(s) for which you	ı are applying:	
Please read careful	ly:		
affirmative action p	program, and report the res	ults to governme	employment opportunity and ent agencies. Please help us ty, and disability status on this
_	mation is <b>completely volun</b> ou will not be subject to any		e not to provide some or all of verse treatment.
opportunity laws ar will immediately pla	ace it in a confidential file so	<i>ther purpose*</i> . V eparate from yo	compliance with equal When we receive this form, we ur application. If you wish, you that contains your application.
Race / Ethnicity – S	elect one or more	Ger	nder
Caucasian (not of	Hispanic origin)		Female
Black (not of Hisp	oanic origin)		Male
Hispanic origin			
Asian or Pacific Is			
Native American	or Alaskan Native (not of Hisp	anic origin)	
<b>Disability status</b> – Ar	e you a person with a disabilit	y?	
Yes			
No			
Veteran / Disabled V	' <b>eteran status</b> – Are you a disa	ıbled veteran or a	veteran of the Vietnam era?
Yes, I am a disab	led veteran		
Yes, I am a veter	an of the Vietnam era		
☐ No			

\*This form is *not used for employment decisions*. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.