

Equal Employment Opportunity Information Form

Today's Date: _____

If you are applying for a specific position, please indicate: _____

DIRECTIONS: The Logan County Board of DD requests that you supply the information below in order to assist our efforts in regard to equal employment opportunity. This information is **voluntary** and will in no way effect the processing of your application or your being considered for employment. This form should be submitted with the employment application, but will be processed separately and used for statistical purposes only. Please check all items that apply to you. Thank you for your cooperation.

<p>SEX</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>DATE OF BIRTH</p> <p><input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">Month Day Year</p>
<p>RACE</p> <p><input type="checkbox"/> White Persons having origins in any of the original peoples of Europe or the Middle East.</p> <p><input type="checkbox"/> Black Persons having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Native American or Alaskan Native Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p> <p><input type="checkbox"/> Asian/Pacific Islanders Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands.</p>	
<p>DISABILITY</p> <p>Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>VETERAN STATUS</p> <p>Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Disabled Veteran?</p> <p><input type="checkbox"/> Vietnam Era Veteran?</p> <p><input type="checkbox"/> Desert Storm/Desert Shield Veteran?</p>