

# POLICE OFFICER EEOC DATA FORM

(PLEASE PRINT OR TYPE)

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Supplementary Applicant Information

No applicant shall be discriminated against because of race, color, religion, sex, national origin, age, or non-job-related physical or mental handicap. We ask for your cooperation in completing the following information. It will only be used to help us monitor the City's Affirmative Action efforts and to comply with Federal record keeping requirements. Completion of this form is voluntary; it will be treated confidentially and only used for affirmative action purposes.

1. Gender to which you identify (please check): Male \_\_\_\_\_ Female \_\_\_\_\_

2. Race (please check one):

- \_\_\_\_\_ A. Hispanic or Latino
- \_\_\_\_\_ B. White (Non-Hispanic)
- \_\_\_\_\_ C. Black or African American (Non-Hispanic)
- \_\_\_\_\_ D. Asian
- \_\_\_\_\_ E. Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ F. American Indian or Alaska Native
- \_\_\_\_\_ G. Two or More Races

3. List any languages, other than English, which you speak fluently: \_\_\_\_\_

4. Recruiting information: How did you hear about this job?

- \_\_\_\_\_ A. Newspaper (please specify) \_\_\_\_\_
- \_\_\_\_\_ B. City Webpage
- \_\_\_\_\_ C. WILENET
- \_\_\_\_\_ D. University/Technical College posting (please specify) \_\_\_\_\_
- \_\_\_\_\_ E. Present City employee
- \_\_\_\_\_ F. Other \_\_\_\_\_