APPLICANT INFORMATION FORM

The CITY OF JOPLIN is an Equal Opportunity/Affirmative Action Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with the CITY OF JOPLIN.

NAME _____ TODAY'S DATE _____

Title of job for which you have applied: _____

_____

SEX and RACE/ETHNIC IDENTIFICATION

SEX: Male ☐ Female ☐ (check ✓ one)

RACE/ETHNIC: *For the purpose of Equal Opportunity, race/ethnic categories are identified as follows.....Please check ✓ the category which identifies your race/ethnic background.*

☐ WHITE: (not of hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ BLACK: (not of hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

☐ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ ASIAN or PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands. (Example....China, Japan, Korea, the Phillippine Islands and Samoa).

☐ AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America.

REFERRAL SOURCE(s)

HOW DID YOU LEARN OF THIS POSITION? *Please check ✓ one.*

☐ Personnel Office Posting

☐ Relative or Friend (not city employee)

☐ Private Employment Agency

☐ Employment Security Division (ESD)

☐ Business/Training School

☐ Newspaper Advertisement

☐ City Employee

☐ College/University

☐ Social/Civic Organization

☐ Other (specify) _____