



CONFIDENTIAL POST-EMPLOYMENT EEOC DATA FORM

NAME (Last, First, Initial) _____

Sex: Female Male

Veteran (other than Vietnam era)

Date of Birth: ____/____/____

Vietnam era Veteran (served on active duty between Aug. 5, 1964 and May 7, 1975)

US Citizen? Yes No

Handicapped

Disabled Veteran
(Vietnam era only)

Disabled Veteran
(other than Vietnam era)

RACE OR ETHNIC GROUP (please check only one box)

- White (Not of Hispanic origin)
- Black or African American (Not of Hispanic origin)
- Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Pacific Islands, India or Pakistan.
- Asian: All persons having origins in any of the original peoples of the Far East, Southeast, Asia, India or Pakistan.
- Two or more Races:
- American Indian or Alaskan Native: Persons having origin in the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic or Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin.

Date Completed: ____/____/____ Signature: _____