Registry Network
Incorporated

CONFIDENTIAL POST-EMPLOYMENT EEOC DATA FORM

NAME (Last, First, Initial) _____

Sex: Female ☐ Male ☐

Date of Birth: ____/_____/_____

US Citizen? Yes ☐ No ☐

☐ Veteran (other than Vietnam era)

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

☐ 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: _____

Form Updated 9-3-26