

YMCA of Greater Cincinnati

AFFIRMATIVE ACTION

VOLUNTARY INFORMATION

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to *race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status*. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from applications.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data-survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

PLEASE PRINT

Position Applied For _____ Date _____

Referral Source

- Walk-in
- Employee
- Advertisement - Source _____
- Web-site
- Relative
- Employment Agency
- School _____
- Other _____

Name of person who referred you: (if applicable) _____

APPLICANT INFORMATION

NAME _____ TELEPHONE _____
LAST FIRST MI

ADDRESS _____
STREET CITY STATE ZIP

GENDER

- MALE
- FEMALE

RACE

Please check one of the following Equal Opportunity Identification Groups:

- WHITE (not of Hispanic Origin)
- BLACK (not of Hispanic Origin)
- HISPANIC
- AMERICAN INDIAN/ALASKAN NATIVE
- ASIAN/PACIFIC ISLANDER

DATE: _____

SIGNATURE: _____