



VOLUNTARY AFFIRMATIVE ACTION SURVEY FORM

To All Applicants:

Your name **MUST NOT** appear on this form. The data requested is for statistical and record-keeping purposes only. This form will not be used in evaluating your application for any position.

Richland Public Health has a commitment to Equal Employment Opportunity/Affirmative Action. There will be no discrimination on the basis of race, color, age, sex, religion, national origin, handicap, veteran status, marital status, non-job related medical conditions or disability that can be reasonably accommodated.

1) Date of Application: _____
Month Day Year

2) Position Applied For: _____

3) Birth Date: _____
Month Day Year

4) Sex: ___ Female ___ Male

5) Ethnic Origin – Check one of the following
___ White ___ Black ___ Hispanic ___ Asian or Pacific Islander
___ American Indian or Alaskan Native

6) Veteran: ___ Yes ___ No

7) Disabled: ___ Yes ___ No

8) How did you hear about the position for which you have applied?

___ Newspaper Advertisement

___ Friend

___ Health Department Employee

___ Ohio Bureau of Employment Services

___ Community Action Agency

___ Walk-In

___ Other, Explain _____