

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

We as an employer wish to voluntarily comply with various laws and regulations which require us to file annual statistical reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations which protect the handicapped, disabled veterans and veterans who served on active duty during the Vietnam-era for more than 180 days.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Last Name _____ First Name _____
Preferred Name _____ Middle Name _____
Date Applied _____

Union Hospital West Central

REFERRAL SOURCE

- | | |
|---|---|
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Own Accord |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Recruitment Agency |
| <input type="checkbox"/> Internet Advertising | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> School Affiliation |
| <input type="checkbox"/> Job Line | <input type="checkbox"/> Temporary Agency |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Trade Journal |
| <input type="checkbox"/> Other | |

Referred by _____

Social Security Number _____ - _____ - _____	Date Available _____ - _____ - _____
Date of Birth _____ - _____ - _____	Position _____
18 or older <input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Applied <input type="checkbox"/> Yes <input type="checkbox"/> No
	Previously Employed <input type="checkbox"/> Yes <input type="checkbox"/> No

Telephone () _____ - _____ Address _____ City _____ State _____ Zip _____	Ethnicity <input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native
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 PA3 1.1

Gender
 Female Male

APPLICANTS IDENTIFYING THEMSELVES AS DISABLED OR VIETNAM-ERA VETERANS

1. Are you a disabled veteran?
Yes No

2. Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam-era?
Yes No

Submission of this information by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested.

APPLICANTS IDENTIFYING THEMSELVES AS HANDICAPPED

1. Are you a handicapped individual or do you have any physical condition or handicap which may limit your ability to perform the position(s) for which you apply?
Yes No

2. If yes, do you possess or can we provide you with any special methods, skills, or procedures which might qualify you for positions you might not otherwise be able to do because of your handicap?

You are not required to provide the above information concerning a handicap. If you do, it will be kept confidential, with the following exceptions:

- Supervisors may be informed if accommodation is necessary or if your work duties are restricted.
- Government representatives may be provided information in compliance with various laws and regulations.

SIGNATURE _____ **DATE** _____