

EEO DATA SHEET

IMPORTANT – ALL APPLICANTS READ: The commitment of the City of Coleman to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for Human Resource Office use only in order to assist us in complying with EEO reporting guidelines. Since this information will **NOT** be considered for employment purposes, this page will remain separate from your Employment Application and will be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decisions.

Name _____ Date of Application _____
Last First M.I.

Other Names Used _____

Date of Birth _____ Male _____ Female _____

Social Security Number _____ - _____ - _____

ETHNIC CATEGORY (CHECK ONE)

_____ WHITE (not of Hispanic origin). All persons having origins in any of the people Europe, North Africa, or the Middle East.

_____ BLACK (not of Hispanic origin). All persons having origins in any of the Black racial groups.

_____ ASIAN or PACIFIC ISLANDER. All persons having origins in any of the Original people of the Far East, Southeast Asia, or the Pacific Islands. This area Includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including people with national Origins for Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim, and Sri Lanka.

_____ AMERICAN INDIAN or ALASKAN NATIVE. All persons having origins in Any of the original people of North America.

_____ HISPANIC. All persons of Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture, regardless of race.

_____ I do not wish to voluntarily supply this information.

VETERAN STATUS (Check one)

_____ A VETERAN – A person who served on active duty for a period of more than 180 days, who received other than a dishonorable discharge, who does not fall into any of the other categories outlined below. (1)

_____ A DISABLED VETERAN – A person who has 30 percent or more disability and is entitled to disability compensation by the Veteran’s Administration who was released from the military service (active duty) for a disability incurred or aggravated in the line of duty. (2)

_____ A VIETNAM VETERAN – A person who served on active duty for more than 180 days (any part of which was performed during the period of August 5, 1964 through May 7, 1975) AND who was discharged or released from the military service with other than a dishonorable discharge. (3)

_____ A DISABLED VIETNAM ERA VETERAN – A person who meets both the criteria stated in #2 and #3 above.

_____ OTHER - A person who is not a veteran and does not fall into any of the other veteran categories listed above.

_____ I do not wish to voluntarily supply this information.

HANDICAPPED STATUS

Do you wish to identify yourself as a person who has a physical or mental impairment that:

1. Substantially limits one or more of such person’s major life activities,
 2. Has a record of such impairment, **AND**
 3. Whose handicap/disability was not acquired during military service.
- _____ NO _____ YES (If yes, please complete the following)

Are accommodations necessary: ____ Yes ____ No Explain _____

Have accommodations been made? ____ Yes ____ No Explain _____

_____ I do not wish to voluntarily supply this information.

CONFIDENTIAL

CONSENT FORM FOR DRUG TESTING

DATE _____

1. Employee _____ Employee No. _____
Job Classification _____

2. Supervisor _____ Employee No. _____
Job Classification _____

3. Are you taking any medications? Yes _____ No _____
If yes, describe _____

4. Any additional information or comments: _____

SIGNATURE OF EMPLOYEE _____ DATE _____

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TO BE FILLED IN BY EMPLOYER

5. Reason for Consent Agreement
- Prior to employment, as a condition of employment
 - Consent to random testing
 - Voluntary testing
 - Work related incident that causes recommendation for testing
 - Other (describe) _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application Or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE