

Providing the information on this sheet is voluntary

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

TO ALL APPLICANTS:

The following information is requested to aid the State of Florida in its commitment to Equal Employment Opportunity. Your application will not be rejected because of your race, color, religion, sex, age, disability, national origin, or political beliefs, except as provided by law.

SOCIAL SECURITY NUMBER: _____

REFERRAL SOURCE

SEX: _____ MALE _____ FEMALE

_____ Advertisement

POSITION (S) FOR WHICH YOU ARE APPLYING:

_____ Employment Agency

1. _____

_____ Employee Referral

2. _____

_____ Walk-In

3. _____

_____ Other (monster.com, etc.)

RACIAL/ETHNIC DATA

Please identify yourself in terms of the racial/ethnic groups below: (check one)

_____ HISPANIC: All persons of Mexican, Puerto Rico, Cuban, Central or South America, or other Spanish cultural or origin, regardless of race.

_____ ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example; China, Japan, Korea, the Philippine Islands and Somoa.

_____ BLACK: (not of Hispanic Origin) All persons having origins in any of the black racial groups of Africa.

_____ WHITE: (not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ OTHER: Specify: _____