

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Albertville appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check in the appropriate blanks:

Gender: male female

With which racial/ethnic group do you identify?

- Asian or Pacific Islander
- African American (black)
- Hispanic
- Native American or Alaskan Eskimo
- Caucasian (white)
- Other (please indicate: _____)

Disability status, defined as:

1. Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
2. Has a record of such an impairment (condition):
3. Is regarded as having such an impairment (condition).

Based on the above information, do you claim Disability status?

Yes No