

## AVR, Inc. & Affiliates

### This questionnaire assists us in meeting our recordkeeping requirements under the Equal Employment Opportunity Act and Affirmative Action Regulations

We ask you to volunteer the following information. It will assist us in compiling statistics under the recordkeeping requirements that we are committed to, in the Equal Employment Opportunity Act and the Affirmative Action programs. Answers to the following questions will not affect your opportunity to be hired.

All information on this questionnaire will be kept confidential.  
Should you be hired this questionnaire will not be placed in your regular personnel file.

#### EEO and Affirmative Action Information

All questions should be answered. This questionnaire is kept separate from all other personnel records.

Date \_\_\_\_\_

Name \_\_\_\_\_

Position applying for \_\_\_\_\_

Level of Education you have attained \_\_\_\_\_

Remember, furnishing information in this section is voluntary, but will help insure Equal Opportunity in employment for all applicants.

What prompted you to apply for employment with our company? News ad, Referral, other? Please explain:

Of what race or ethnic group do you consider yourself as a member?

|   |   |
|---|---|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Asian, Indian Subcontinent, Pacific Islander |
| <input type="checkbox"/> Black                            | <input type="checkbox"/> Hispanic (Spanish speaking surname)          |
| <input type="checkbox"/> White                            | <input type="checkbox"/> Other (specify)<br>_____                     |

Sex \_\_\_\_\_ Male \_\_\_\_\_ Female

Age Group \_\_\_\_\_ 16-19 years \_\_\_\_\_ 20- 25 years \_\_\_\_\_ 26-39 years \_\_\_\_\_ 40 or more years

Are you a Vietnam Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have any of the following, please check the applicable category.

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Hearing impaired / Deafness | <input type="checkbox"/> Paralysis                     | <input type="checkbox"/> Other<br>(Explain in box below) |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Amputee                       | _____  |
| <input type="checkbox"/> Epilepsy                    | <input type="checkbox"/> Blindness one or both eyes    | _____  |
| <input type="checkbox"/> Impaired mobility           | <input type="checkbox"/> Cardiac, blood pressure, etc. | _____  |
| <input type="checkbox"/> Learning disorder           | <input type="checkbox"/> Alcoholism                    | _____  |

Thank you for filling out this questionnaire.  
This information will be very helpful in assisting our Equal Opportunity Officer in filing out the required reports for the State and Federal Government.

**We are an Equal Opportunity Employer**