Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenships, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form is to be completed by applicant on a strictly voluntary basis. This form is not used for interview purposes and is filed separately from candidate applications.

WHY WE ASK FOR THIS INFORMATION...

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to complete this form or provide this information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will NOT be used in any hiring decision. This information will be used and kept confidential in accordance with applicable laws and regulations.

Position applied for:			Date:
Position #	:		
Applican	t Information – Please	e print	
Check one:	☐ Hispanic/Latino ☐	non-Hispanic/Latino <i>Ch</i>	eck one:
Check one:	☐ African American		ative American/
Referral Source:	Walk-in	Relative**	Private Employment Agency
	School	Friend**	Government Employment Agency
	Advertisement*	Current Employee Referral*	* Other:
			<u> </u>
* If advertis	sement, name of source:		
**Name of	person who referred you,	if applicable:	

Please place this form in a separate envelope and mail to:

Human Resources Cornell Cooperative Extension of Suffolk County 423 Griffing Avenue Riverhead, New York 11901