



APPLICANT EEO DATA FORM

WorkForce Central and its Partners are an Equal Opportunity Employer and Provider of employment and training services. The Information requested below will be separated from your application and used for statistical purposes only. It will enable WorkForce Central to evaluate its recruitment process in light of state and federal equal employment opportunity and affirmative action laws. Your cooperation is strictly voluntary, but highly encouraged. Your application will be reviewed whether or not you provide this information.

Do you wish to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Title:	Position Number:	Department:
Last Name:	First Name:	Middle Initial:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age: <input type="checkbox"/> Under 40 years old <input type="checkbox"/> 40 years of age or older	
Ethnicity: <input type="checkbox"/> Hispanic/Latino	Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian	
If you are more than one race, please check "Multi-Racial" and indicate your preference for Affirmative Action purposes. <input type="checkbox"/> Multi-Racial Preference: _____		
Have you ever been on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the dates: _____ <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Disabled Veteran		
Do you have a long-term physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn of this employment opportunity? <input type="checkbox"/> Walk-in/WorkForce Central Information Desk or Bulletin Board <input type="checkbox"/> Washington State Department of Employment Security <input type="checkbox"/> Friend/Word of Mouth <input type="checkbox"/> Internet Website Specify: _____ <input type="checkbox"/> Newspaper/Journal Specify: _____ <input type="checkbox"/> Employee Referral Employee Name: _____		

Signature of Applicant _____ **Date** _____

Equal Opportunity Employer: WorkForce Central and its Partners are committed to affirmative recruitment and diversity in employment opportunity. It is the policy of WorkForce Central to employ, retain, promote, discharge, and otherwise any and all employees and job applicants on the basis of merit, qualifications, and competence. This policy shall be applied without regard to any individual's sex, race, color, religion, national origin, ancestry, pregnancy, protected age group, marital status, or physical handicap. Applicants with disabilities who need accommodation with the application or selection process should contact Human Resources, (253) 254-7618 or TDD 1-800-833-6384.