

EQUAL EMPLOYMENT SURVEY QUESTIONNAIRE

The following information will be used solely to evaluate recruitment and examination methods. This form will be kept separate from your application and will not be shared with hiring agencies. Nothing you write on this form will in any way affect your test score or your chances for employment. Answering these questions is voluntary; however, your cooperation is essential for us to ensure equal employment opportunity for all job applicants.

Please enter information as indicated:

Social Security Number

Enter one number per block.
Do not use any dashes.

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Date of Birth.

Example: June 3, 1967
would be entered as
06 03 67

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Month Day Year

Check (X) the
Correct box
below

<input type="checkbox"/>	<input type="checkbox"/>
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Male Female

DISABILITY. A disabled individual is any person who 1) has a disability which substantially limits one or more of the major life activities, 2) has a record of such impairment, 3) is regarded as having such an impairment.

Do you have a disability? YES NO

Please mark (x) the item which best describes your primary racial/ethnic background.
Mark one item only.

- 1. **BLACK** - a person having origins in one of the black racial groups of Africa.
- 2. **HISPANIC** - a person of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- 3. **WHITE** - a person having origins in any of the original people of Europe, North Africa, or Middle East.
- 4. **AMERICAN INDIAN OR ALASKAN NATIVE** - a person having origins in any of the original people of North America and maintains cultural identification through tribal affiliation or community recognition.
- 5. **ASIAN OR PACIFIC ISLANDER** - a person having origins in any of the original people of the Far East, SE Asia, the Indian subcontinent, or any of the Pacific Islands. Example: China, India, Japan, Korea, the Philippines, and Samoa.

Mark (1,2,3) the most important sources of information below which influenced your decision to apply. Mark the most important, 1. Rank at least 1, but no more than 4.

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|---|--------------------------|--|--------------------------|--------------------------|---|
| A | <input type="checkbox"/> | DOP Counselor | <input type="checkbox"/> | Radio Announcement | I |
| B | <input type="checkbox"/> | DOP Information Booklet | <input type="checkbox"/> | Newspaper | J |
| C | <input type="checkbox"/> | DOP Recruiter Information | <input type="checkbox"/> | Friend or Neighbor | K |
| D | <input type="checkbox"/> | Employment Security / Job Service Off. | <input type="checkbox"/> | State Employee | L |
| E | <input type="checkbox"/> | Division of Human Services | <input type="checkbox"/> | State Agency Referral | M |
| F | <input type="checkbox"/> | High School Counselor / Teacher | <input type="checkbox"/> | DOP Web Site Information | N |
| G | <input type="checkbox"/> | College Placement Office / Advisor | <input type="checkbox"/> | Other: _____ | O |
| H | <input type="checkbox"/> | State Vocational Rehabilitation Office | <input type="checkbox"/> | Other: _____ | P |