

Applicant EEO-1/VETS-100A

Information Collection Form



Dear Applicant:

Please fill out the Affirmative Action data below. To ensure that Urgent Medical Staffing Solutions complies with pertinent hiring practices, Urgent Medical Staffing Solutions must keep records about our applicants for employment. This questionnaire will be kept in a confidential file, separate from the application for employment. Failure to provide this information will in no way adversely affect your candidacy for this position. However, we would greatly appreciate your willingness to submit this information for our commitment to equal opportunity.

*Please **print** your name and city information. This information is strictly confidential; however, your information must be legible for reporting purposes.*

Last Name:

First Name:

Which city and state do you work in?

Note that all definitions listed below were provided by the U.S. Federal Government Equal Employment Opportunity Commission (EEOC).

Please, circle the choice that pertains to you.

EEOC Ethnicity Code:

- **Hispanic or Latino**
- **White**
- **Black**
- **Native Hawaiian or Other Pacific Islander**
- **Asian**
- **American Indian or Alaskan Native**
- **Two or more races**

Gender:

- **Female**
- **Male**

Handicap Status: (Any persons who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairments or is regarded as having such impairments).

- **No**
- **Yes**

Veteran Status: If you are unsure of your Veteran status under these definitions, contact your Recruiter

- **Armed Forces Service Medal Veteran**
- **Disabled Veteran**
- **Other Protected Veteran**
- **Recently Separated Veteran**

Age: Are you over the age of 40 but under the age of 70? _____ Yes _____ No