MANSFIELD/ONTARIO/RICHLAND COUNTY HEALTH DEPARTMENT

VOLUNTARY AFFIRMATIVE ACTION SURVEY FORM

To All Applicants:

Your name **MUST NOT** appear on this form. The data requested is for statistical and record-keeping purposes only. This form will not be used in evaluating your application for any position.

The Mansfield/Ontario/Richland County Health Department has a commitment to Equal Employment Opportunity/Affirmative Action. There will be no discrimination on the basis of race, color, age, sex, religion, national origin, handicap, veteran status, marital status, non-job related medical conditions or disability that can be reasonably accommodated.

1) Date of Application:_____
Month Day Year

2) Position Applied For:_____

3) Birth Date:_____
Month Day Year

4) Sex: _____Female _____Male

5) Ethnic Origin - Check one of the following:

_____White _____Black _____Hispanic

_____Asian or Pacific Islander _____American Indian or Alaskan Native

6) Veteran: _____Yes _____No

7) Disabled: _____Yes _____No

8) How did you hear about the position for which you have applied?

_____Newspaper Advertisement

_____Friend

_____Health Department Employee

_____Ohio Bureau of Employment Services

_____Community Action Agency

_____Walk-in

_____Other. Explain_____