

# APPLICANT INFORMATION FORM

The CITY OF JOPLIN is an Equal Opportunity/Affirmative Action Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with the CITY OF JOPLIN.

NAME _____	TODAY'S DATE _____
Title of job for which you have applied: _____	
_____	

## SEX and RACE/ETHNIC IDENTIFICATION

**SEX:** Male  Female  (check ✓ one)

**RACE/ETHNIC:** *For the purpose of Equal Opportunity, race/ethnic categories are identified as follows.....Please check ✓ the category which identifies your race/ethnic background.*

**WHITE:** (not of hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**BLACK:** (not of hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

**HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**ASIAN or PACIFIC ISLANDERS:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands. (Example....China, Japan, Korea, the Phillipine Islands and Samoa).

**AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America.

## REFERRAL SOURCE(s)

*HOW DID YOU LEARN OF THIS POSITION? Please check ✓ one.*

Personnel Office Posting

Newspaper Advertisement

Relative or Friend (not city employee)

City Employee

Private Employment Agency

College/University

Employment Security Division (ESD)

Social/Civic Organization

Business/Training School

Other (specify) \_\_\_\_\_