

**EEO INFORMATION**

This information is required for equal opportunity reporting. This information will be kept confidential and will in no way be used to determine your suitability for employment with the City of Dunn.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**RACE:** (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Black                     | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Spanish Surnamed American        |
| <input type="checkbox"/> White                     | <input type="checkbox"/> Other _____<br>(specify)         |

**HANDICAP:** (Any impairment which substantially limits life function.)

This information is optional. Failure to provide it will not subject you to any adverse treatment. It will be maintained separately and confidentially.

**Please Check:**

- |  |   |
|--|---|
| <input type="checkbox"/> Visual impairment/blindness | <input type="checkbox"/> Respiratory impairment               |
| <input type="checkbox"/> Hearing impairment/deafness | <input type="checkbox"/> Cardiovascular disorder              |
| <input type="checkbox"/> Emotional disorder          | <input type="checkbox"/> Nervous system/neurological disorder |
| <input type="checkbox"/> Other: _____<br>(specify)   |   |

**HOW DID YOU LEARN ABOUT THIS OPENING? PLEASE BE SPECIFIC.**

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