

## APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of Hospice of Larimer County to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, gender, sexual orientation, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Position applied for (*list only one*) \_\_\_\_\_

Where did you hear about this job? \_\_\_\_\_

Racial origin (You may mark one or more of the following):

- White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American**—A person having origins in any of the black racial groups of Africa.
- Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Ethnicity:

- Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Sex:       Male       Female       I elect not to identify

Signature \_\_\_\_\_