



EEO/Affirmative Action Questionnaire

Southwest Wisconsin Workforce Development Board (SWWDB) is an Equal Employment Opportunity employer. SWWDB believes in and practices equal employment opportunity for all applicants, based upon their training, experience and overall qualifications. To insure this philosophy and practice, SWWDB policy prohibits unlawful discrimination based upon an individual's race; color; creed; sex; religion; marital status; age; national origin or ancestry; physical or mental disability; pregnancy; childbirth or related conditions; handicap; medical condition; veteran status; or any consideration protected by federal, state, or local law, ordinance or regulation. We ask you to voluntarily provide us with the following information to assist us in complying with government reporting requirements under the Equal Employment Opportunity Act. Completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This completed form will be maintained in a confidential manner and filed separately from your application. Please mark your selection with an "X".

The following information must be completed:

Name: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Sex:  Female  Male

- Race:  American Indian or Alaskan Native...  Asian or Pacific Islander...  Black...  Hispanic...  White...

How did you hear about the opening?

- Newspaper ad  Other advertisement  Job Fair  College placement service
 State Job Service  Recruitment firm  SWWDB web site  \*Other
 Referred by employee

Name of employee who referred: \_\_\_\_\_

\*Other (explain): \_\_\_\_\_

Disability:

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have history or record of such an impairment or medical condition. Disabilities include, but are not limited to blindness; deafness; cancer; diabetes; epilepsy; autism; cerebral palsy; HIV/AIDS; schizophrenia; muscular dystrophy; bipolar disorder; major depression; multiple sclerosis; missing limbs or partially missing limbs; post-traumatic stress disorder; obsessive compulsive disorder; impairments requiring the use of a wheelchair; intellectual disability.

Do you have a disability?  Yes  No  Don't wish to answer

Signature

Date

By entering your name and date above, you agree that the above information is correct, to the best of your knowledge