

Applicant Information Form

City of Mebane

APPLICANT INFORMATION: The City of Mebane is an Equal Opportunity Employer. We are requesting the following information to comply with reporting requirements of the Equal Employment Opportunity Commission. Submission of this information is voluntary and refusal to provide it will not affect the decision regarding your application for employment. This form will be separate from your employment application and will not be used in any way in our selection process nor for any personnel action.

NAME: _____

LAST

FIRST

MIDDLE

DATE OF APPLICATION: _____

Position applied for: _____

SEX: (please circle) Male Female **DATE OF BIRTH:** _____

ETHNIC CATEGORY: (please check only one box)

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.
- Asia** – 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.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** – A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Pacific Islander** – A person having origins in any original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races** – All persons that identify with more than one of the above six races.
- None of the above**

PHYSICAL OR MENTAL HANDICAP: (please circle as appropriate)

Blind Deaf Communicative Orthopedic Other (specify): _____

HOW DID YOU LEARN ABOUT THIS POSITION? _____

Newspaper (specify) _____

Other: (please check all that apply)

Employment Security Commission _____

Personal Referral _____

Phoned or visited Municipal Building _____

Internet _____

DRUG SCREENING

All applicants receiving a conditional offer of employment must pass a drug screening, criminal background check, and possibly a credit check. Should you be offered employment, you will be provided more information.

SELECTIVE SERVICE REGISTRATION

If male and age 18 to 25, have you registered for Selective Service? (please circle) **Yes** **No**

If not, you will have 30 days to comply if selected for a position as required by Federal law.

SIGNATURE: _____