



Receptionist:  
Please return completed form to  
HR. It is not to be given with  
application to hiring manager.

### APPLICANT FLOW DATA

Applicants:

To aid in our Recruitment Outreach Program and comply with Federal and State record keeping guidelines, we would appreciate your cooperation by voluntarily providing the information below.

This information is confidential, will be filed separately from your application, will not be seen by the hiring manager, and will not affect your consideration for employment.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Position Applying For

\_\_\_\_\_  
Date

Please check the appropriate designations in each section:

0	<input type="checkbox"/>	<i>White</i>
1	<input type="checkbox"/>	<i>Black</i>
2	<input type="checkbox"/>	<i>Asian/Pacific Islanders</i> (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Subcontinent.)
3	<input type="checkbox"/>	<i>American Indian/Alaskan Native</i> (Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.)
4	<input type="checkbox"/>	<i>Hispanic</i> (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

<input type="checkbox"/>	Age Forty or Older
<input type="checkbox"/>	Vietnam Era Veteran
<input type="checkbox"/>	Disabled Veteran
<input type="checkbox"/>	Person with a Handicap (Persons having a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairments, or is regarded as having such impairments.)
Nature of handicap or impairment: _____	
_____	

If you have any questions regarding this form, please call the HR Department at Columbus Speech & Hearing.