

WATSON-FORSBERG CO.

6465 WAYZATA BLVD., SUITE 110

(952)544.7761 (PHONE)

MINNEAPOLIS, MN 55426

info@watson-forsberg.com (EMAIL)

Affirmative Action Form

Employee Name: (First) _____ (Middle) _____ (Last) _____ (Suffix) _____

Street Address: _____

City, State, Zip Code: _____

The information requested on this form is optional and is only used to assure compliance with Local State and Federal Equal Employment Opportunity Laws which provides for the recruitment of women, persons of color, persons with disabilities, disabled and Vietnam era veterans and persons 40 and over. Your cooperation in giving this information is voluntary and is not to be used as part of the interviewing and hiring criteria. It will only be available to authorized personnel and is used only for research and evaluation. Refusal to supply the requested information regarding race, sex, age, and handicap status will not result in any adverse treatment of your application for employment. This form will be detached and kept separate from your application form.

Gender:

Male Female Other: _____

Date of Birth:

____ / ____ / ____

Racial or Ethnic Group:

White (Not Hispanic or Latino) Black or African American (Not Hispanic or Latino) Hispanic or Latino Two or More Races

American Indian or Alaskan Native Asian (Not Hispanic or Latino) Native Hawaiian or Other Pacific Islander

Are you a veteran?

Yes No

Are you a disabled veteran?

Yes No

Do you have a disability?*

Yes No

*If yes, please explain the disability:

Applicant chooses not to self-identify race, sex, gender or disability.
