

POST-EMPLOYMENT SELF-IDENTIFICATION FORM

(Personal and Confidential)

NAME _____ Social Security Number _____ - _____ - _____

To enable XYZ to meet government reporting regulations, new associates must complete this form. Information will be used solely for government reporting purposes. It will be kept separate from the application, not used in employment selection and will be treated as personal and confidential.

SEX _____ Male _____ Female

ETHNIC CATEGORY (Check one)

AVAILABLE UPON PURCHASE

Do you wish to identify yourself as a handicapped individual, a disabled veteran, or a Vietnam Era Veteran and be considered under Affirmative Action Plans? Yes _____ No _____

If yes,

AVAILABLE UPON PURCHASE

Associate Signature: _____ Date: _____