



# TOWN OF SUFFIELD

## Equal Employment Opportunity Questionnaire

This self-identification questionnaire is a voluntary and optional request of your identification. The information gathered will be kept in a file separate from applications and personnel files and will be used for statistical purposes only as it may apply to our Equal Employment Opportunity Program. Self-identification provides each applicant to chance to indicate their Gender, Race, Ethnicity and Veteran status.

Name \_\_\_\_\_

Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Veteran Status: \_\_\_\_\_

Ethnic Background:

- ☐ Hispanic or Latino
- ☐ White (not of Hispanic origin)
- ☐ Black or African American (not of Hispanic origin)
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Two or more races

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**To be completed by employer:**

<b>Job Class:</b>		<b>Job Description:</b>	
<b>Location Code:</b>		<b>EEO Class:</b>	
<b>EEO Function Code:</b>		<b>Date:</b>	



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