

Affirmative Action Applicant Form

Micro Craft, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. Applicants for employment are also **invited** to participate in the Affirmative Action Program by reporting their status. In extending this invitation you are also advised that (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Please complete the information requested below. Thank you for your cooperation.

Name: _____
Date: _____ [] Male [] Female Date of Birth: _____
Job Vacancy: _____

The categories listed are used to classify types of jobs.

[] Executive/Managerial, [] Engineering, [] Secretarial/Clerical, [] Technical, [] Skilled Craft,
[] Other _____

Race/Ethnic Identification (check one)

[] American Indian/Alaskan Native
[] Native Hawaiian or Asian/Pacific Islander
[] Black or African American (not of Hispanic Origin)
[] Hispanic OR Latino
[] White (not of Hispanic Origin)
[] two or more races (not Hispanic or Latino)
[] Other –Specify _____

Disabled:

[] Yes [] No

Disabilities include, but are not limited to:

-blindness -autism -bipolar disorder -post-traumatic stress disorder -deafness
-cerebral palsy -major depression -obsessive compulsive disorder -cancer -HIV/AIDS
-MS -MD -diabetes -epilepsy -schizophrenia -missing or partially missing limbs
-impairments requiring the use of a wheelchair – intellectual disability

Vietnam Era Veteran:

[] Yes [] No

Disabled Veteran:

[] Yes [] No

How did you learn of this vacancy?

[] Walk-In
[] Posted Bulletin
[] Referral (Specify) _____
[] Newspaper (Specify) _____
[] Internet website (Specify) _____
[] Career Center or State Agency (Specify) _____
[] Other (Specify) _____

[] I do not wish to Self-Identify:

Signature: _____