



EMPLOYMENT APPLICANT VOLUNTARY SELF-IDENTIFICATION

www.TwoRiversCDC.org | 888.467.0240 | 907.268.9941

This information will not be used as selection criteria and will be treated as confidential.
This information will be kept separate from your Employment Application.

Name: _____

Where/how did you learn of available positions? _____

Important – All Applicants/Employees:

To enable Two Rivers CDC to meet government reporting requirements, all applicants/employees are requested, but **not** required, to voluntarily complete this personal data sheet. Information will be used solely for government reporting purposes. We consider all applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, non-job related medical condition or handicap, or any other legally protected status.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to “self-identify”, we are required under Federal regulations to maintain race, sex, on the basis of visual observation or personal knowledge.

- I do not wish to furnish the following information
- I volunteer the following information

Gender:

- Male Female

Ethnicity:

- Hispanic Not Hispanic

Race: If more than one race, circle primary

- White Unspecified/ not listed
- Black or African American Native Hawaiian or other Pacific Islander
- Asian American Indian or Alaskan Native

PLEASE READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, any falsification, misrepresentations or omissions shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Background Screening: I authorize any pre and/or post-employment background checks as required by licensing/funding source regulations including, but not limited to fraud, abuse/maltreatment, criminal background, drug/alcohol testing, reference checks, verification of educational qualifications, exclusionary status, driving abstract and others required by regulations.

E-Signature/Signature: _____ Date: _____