

EEO APPLICANT DATA FORM

R. V. Wagner, Inc. is an equal opportunity employer without regard to race, color, religion, sex, sexual orientation, national origin, age, disability or veteran status. As a federal government contractor, R. V. Wagner, Inc. is required to collect and report the following information to Federal and State agencies. **Responses to this form are considered voluntary, and the information you provide will be kept confidential and separate from your application for employment. Your cooperation is appreciated.**

GENERAL INFORMATION	NAME _____ <i>Last</i> <i>First</i> <i>Middle</i> SEX Male ☐ Female ☐ SS#: _____ EMAIL ADDRESS: _____ POSITION(S) FOR WHICH APPLYING _____ REFERRAL SOURCE(S) _____
DISABILITY	☐ I choose to be identified as an individual with a disability because I have a record of, or am regarded as having a physical or mental impairment that substantially limits one or more of my major life activities. <i>This information will not be shared with any other sources and will only be used for data collection purposes.</i>
RACE/ETHNIC CLASSIFICATION	☐ WHITE A person having origins in any of the original peoples of Europe, North Africa or the Middle East. ☐ BLACK A person having origins in any of the black racial groups of Africa. ☐ HISPANIC OR LATINO A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures. ☐ ASIAN OR PACIFIC ISLANDER A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent or the Pacific Islands. The area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. ☐ AMERICAN INDIAN OR ALASKAN NATIVE A person having origins in any of the original peoples of North America.
VETERAN STATUS	<i>Check all statements which apply to your current status.</i> ☐ DISABLED VETERAN I have a disability that entitles me to Veterans' Administration disability compensation or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty. ☐ ARMED FORCES SERVICE MEDAL VETERAN I served in the military ground, naval or air service of the United States and participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. ☐ RECENTLY SEPARATED VETERAN I served on active duty in the U.S. military ground, naval or air service and was discharged or released from active duty within the past 36 months. ☐ OTHER PROTECTED VETERAN I served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, other than a disabled veteran, Armed Forces service medal veteran or a recently separated veteran. ☐ NONE OF THE ABOVE

☐ I prefer not to provide the information requested.

Signature: _____

Date: _____