



APPLICANT SELF-IDENTIFICATION FORM

Goodwill of Central Virginia and its subsidiaries and divisions are fully committed to ensuring equal opportunity to all applicants and employees without regard to race, color, sex, religion, national origin, age, disability, veteran status, or any other basis of discrimination protected by applicable local, state, or federal law.

In accordance with Federal regulations, we collect the responses to the questions below only to submit for required regulatory reporting. The information that you provide will not be used in making employment decisions and will not be kept with your application. Your completion of the form is voluntary. Federal law prohibits unlawful discrimination on the basis listed above.

Please print:

Name: _____

Social Security Number: _____

Date of Application: _____

Position Applied for: _____

Racial or Ethnic Group:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Other | |

Gender:

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Date of Birth: _____