

Supplemental Information Form

Marking Instructions

For optimum accuracy, please print all numbers in ink as shown below. Avoid contact with the edge of the box.

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Not like this: ☑

and not like this: ☒

Your Application No. is

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Apprenticeship Application EEOC Supplemental Information Form

THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION, EMPLOYMENT AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP, SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX OR AGE, EXCEPT THE APPLICANT MUST MEET THE MINIMUM AGE REQUIREMENT AS SPECIFIED IN THE STANDARDS.. THE JATC DOES NOT AND WILL NOT DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.

— PLEASE COMPLETE THE FOLLOWING IN INK —

THE INFORMATION VOLUNTARILY PROVIDED BELOW IS SIMPLY FOR EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) PURPOSES. THIS INFORMATION WILL ASSIST US IN OUR EFFORTS TO PROVIDE ACCURATE INFORMATION IN COMPLIANCE WITH EEOC REGULATIONS AND REQUIREMENTS.

Social Security Number:

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Date of Birth:

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MONTH DAY YEAR

Sex: Male Female

Race: ***DARKEN ONLY ONE***

Ethnic Group: ***DARKEN ONLY ONE***

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- White

- Hispanic Orgin
- Not of Hispanic Orgin

How did you become aware of this apprenticeship opportunity? ***DARKEN ALL THAT APPLY***

- Word-of-Mouth
- TV
- Career Day
- Posted Announcement
- Guidance Counselor
- Outreach Organization
- Radio
- Newspaper NAME OF PAPER _____
- Other _____