Invitation to Identify for the Purpose of Affirmative Action and Equal Employment Opportunities

Pathfinders is committed to the employment and advancement of minorities, women, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our agency's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decisions regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

Applicant Name:	Date:	Position Applied For:	
PLEASE CHECK ONE:			
Male	☐ Female	Transgender	
INDICATE YOUR RACE: American Indian or Alaskan Native	☐ Black/African American	White	
Asian	Native Hawaiian or Other Pacific Islander		
INDICATE YOUR ETHNIC IDENTITY: Hispanic or Latino (All Races)			
Hispanic or Latino (White Ra	ce Only)		
Hispanic or Latino (All Other	Races)		
INDICATE YOUR SEXUAL ORIENTATION:			
Bisexual	Lesbian	Straight	
Gay	Questioning/Queer		
ARE YOU DISABLED?: Yes	□No	ARE YOU A VETERAN?: Yes	☐ No
HOW WERE YOU REFERRED TO THIS JOB?:	-		
Advertisement	Government Agency	State Job Service	
Employee Referral	Recruiter	☐ Temporary Agency	
Employment Agency	School/College	Other (Please Specify):	