



# Equal Employment Opportunity Form

## Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Home Phone: (    ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

## Voluntary Information

*Mainsail Lodging & Development is an equal opportunity employer and selects individuals best matched for the job based on job-related qualifications regardless of race, color, religion, sex national origin, sexual orientation, age, or disability. This information is being requested in accordance with federal regulations. Completion of this form is voluntary, not required for employment, and will not affect the decision regarding your application for employment with Mainsail Lodging & Development. This form will be kept confidential and maintained separately from your employment application.*

**Racial or Ethnic Group**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian           | <input type="checkbox"/> Black/African American   |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino) |
| <input type="checkbox"/> Other           |  |   |

**Gender**

- Female                       Male

**Military Service**

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era  | <input type="checkbox"/> Vietnam Era      |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

**Language-Primary** \_\_\_\_\_

- |                                |                               |                                |
|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
|--------------------------------|-------------------------------|--------------------------------|

**Language-Secondary** \_\_\_\_\_

- |                                |                               |                                |
|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
|--------------------------------|-------------------------------|--------------------------------|

**How did you hear about this position?**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Newspaper   | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair    | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site                 |
| <input type="checkbox"/> Other _____ |   |   |

*Please return this form with your Employment Application. Thank you.*