Applicant Data Form - Pre Offer

The federal government under Executive Order 11246 requires the corporation to report sex and race/ethnic origin of applicants for employment. Submission of information is voluntary, and failure to provide it will not subject you to any adverse treatment. Your cooperation is appreciated.

Name: _____
Last First M.I.

Date of Application: _____/_____/_____ Zip Code: _____

Position(s) Applied For: _____

Indicate how you learned of this vacancy:

- ☐ Posting/Job Recording
- ☐ Employee
- ☐ Direct Inquiry to Personnel
- ☐ Advertisement - Please specify source_____
- ☐ Organization - Please specify _____
- ☐ Other - Please specify _____

Indicate Sex and Race/Ethnic Group:

- ☐ Male ☐ Female
- ☐ White, not of Hispanic Origin
- ☐ Black, not of Hispanic Origin
- ☐ Asian or Pacific Islander, including persons having origins in the Indian subcontinent
- ☐ Hispanic
- ☐ American Indian or Alaskan Native

ACMH Hospital is an equal opportunity corporation and does not discriminate on the basis of race, color, sex, national origin, religion, age, disability or veteran status in admission or access to, or treatment or employment in, its programs and activities. Individuals who may have inquiries regarding the corporation's policy and procedures should contact the Human Resources Department at 724-543-8411.